

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lawrence Austin

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Ridgely	Caroline				
Date of death	1909	Month 3	Day 14	Years 3	Months	Days
Sex	Male	Color or Race	White	Birth-place	Ridgely Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	S. P. Austin					Father's Birthplace
Mother's Maiden Name	Willie Summers					Mother's Birthplace
Name of person giving Information	S. P. Austin					How related to deceased

CAUSES OF DEATH

10

How long

3 weeks

How long

2 hours

Primary

Grief
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

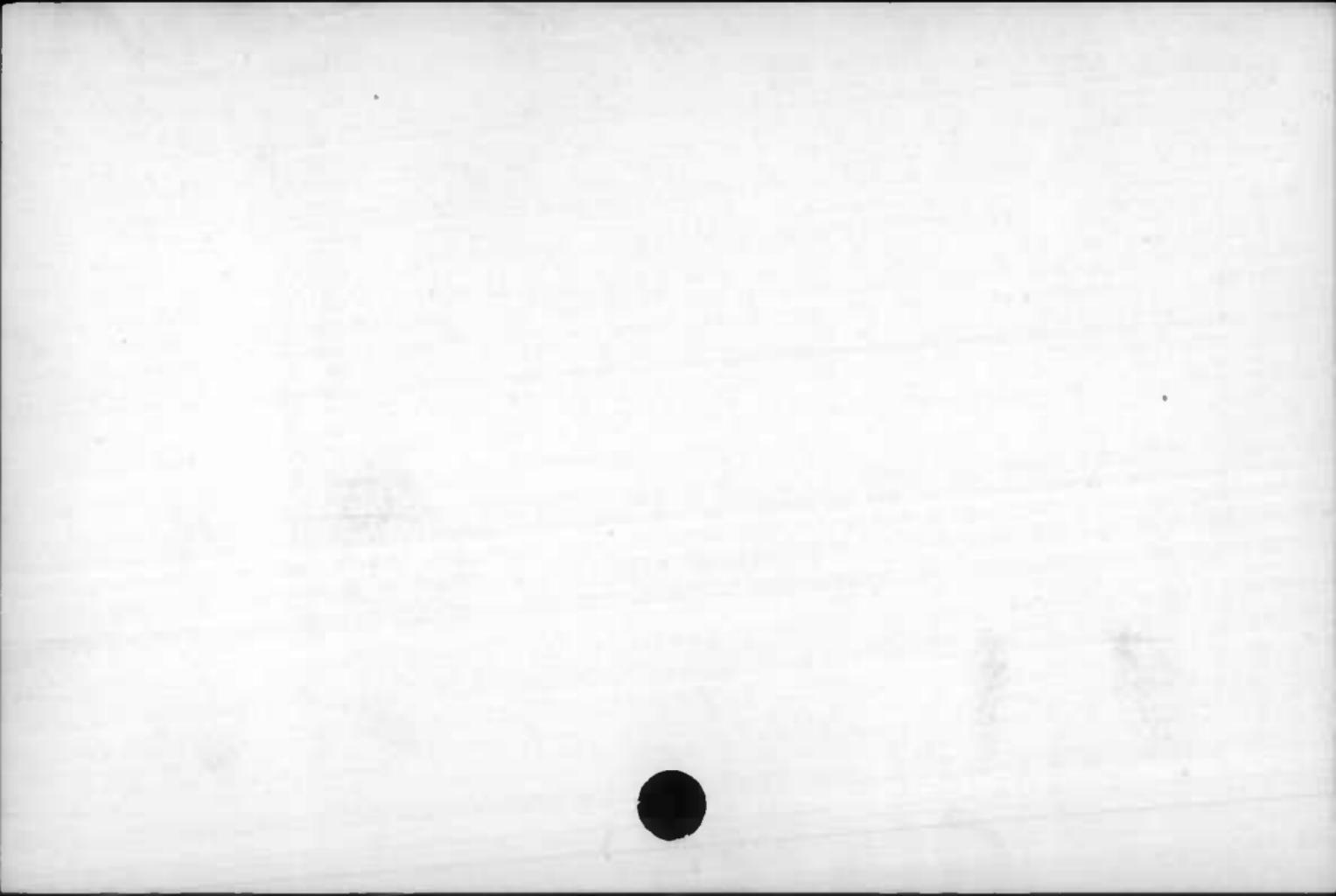
yes

Signature of Physician

Address

J. C. Madare
Ridgely Md

Accident or Suicide?



Name
in
Full

William Oscar Block

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Days	Birth-place
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	William Pratt Block		Father's Birthplace
Mother's Maiden Name	Louiza Horis		Mother's Birthplace
Name of person giving Information	Howard Block		How related to deceased

CAUSES OF DEATH

27

Primary Tuberculosis of lung
How long 6 months

Immediate "

How long

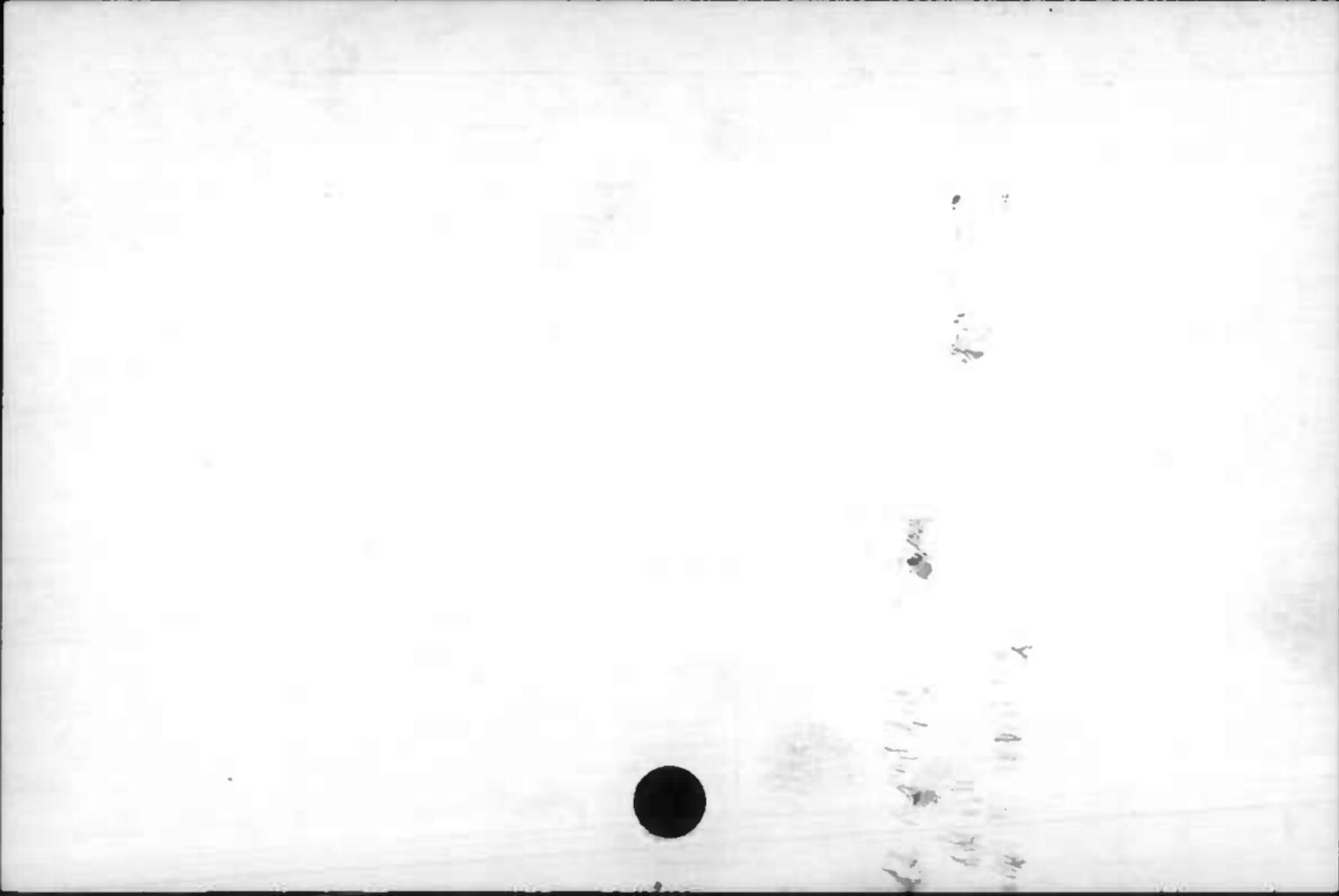
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Jacob Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	June	16	Age 70	-	-
Sex male	Color or Race	Black	Birth-place	Maryland	
Occupation farmer	Where Residing if not at place of death at home				
Married, Single or Widowed married	Name of Wife or Husband	Ella Brooks			
Father's Name Don't know	Father's Birthplace	Maryland			
Mother's Maiden Name Don't know	Mother's Birthplace	Maryland			
Name of person giving information John H. Brooks	How related to deceased	son			
CAUSES OF DEATH					
Primary	Dropsy				
Immediate	weak heart -				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. E. Evans		
		Address	Maydell, Md.		
Accident or Suicide?					

PHYSICIAN
OR CORONER

177

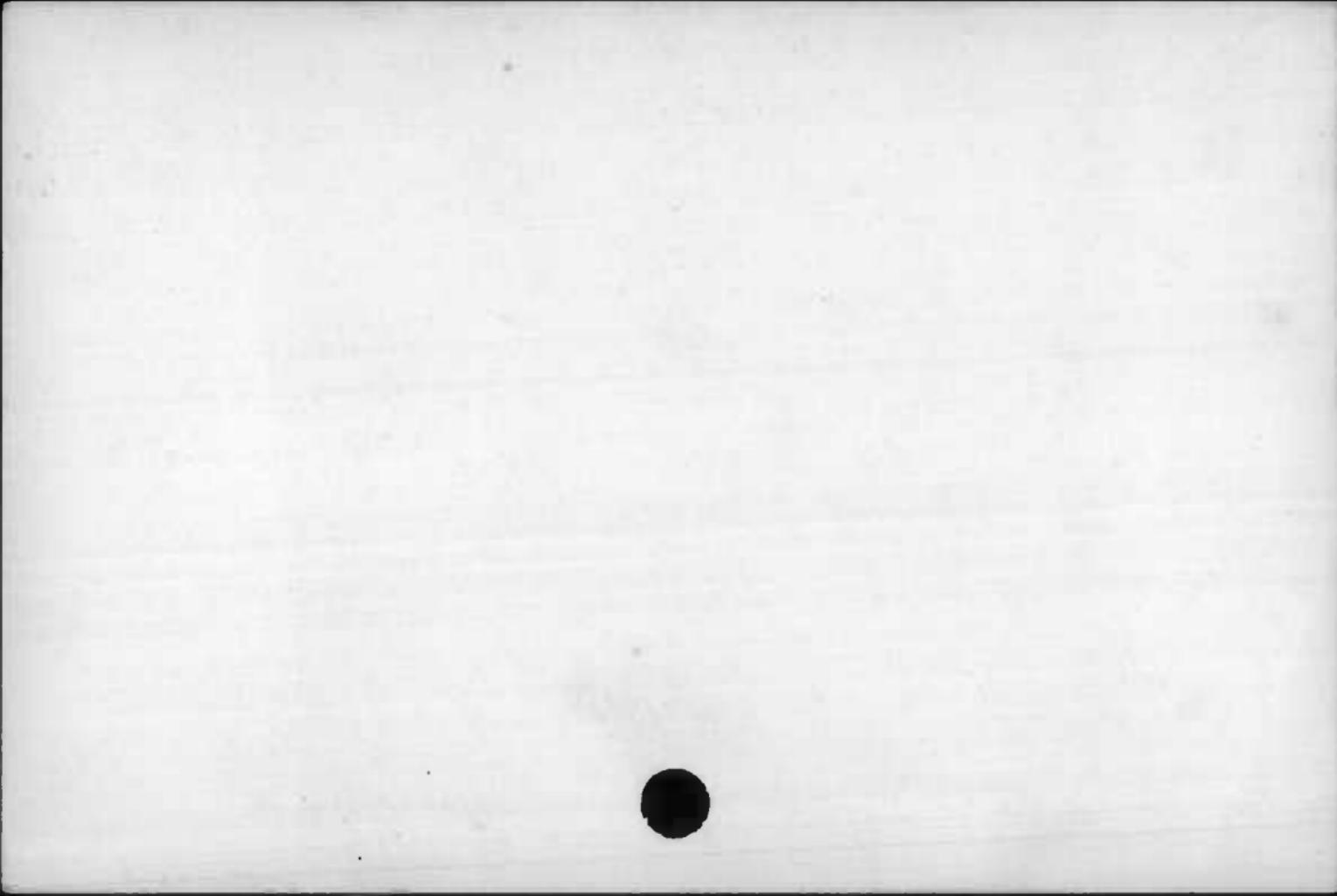
How long

4 months

How long

five hours





Name
in
Full

C H Bullock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month Mar	Day 20	Years 77	Months	Days
Sex	male	Color or Race	white	Birth-place	md	
Occupation	farmer					
Married, Single or Widowed	widower		Name of Wife or Husband	Rebecca C Bullock		
Father's Name	Richard Bullock		Father's Birthplace Del			
Mother's Maiden Name	Milgah Eaton		Mother's Birthplace md			
Name of person giving Information	Richard Bullock		How related to deceased Son			

CAUSES OF DEATH

Primary

Heart disease

79

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

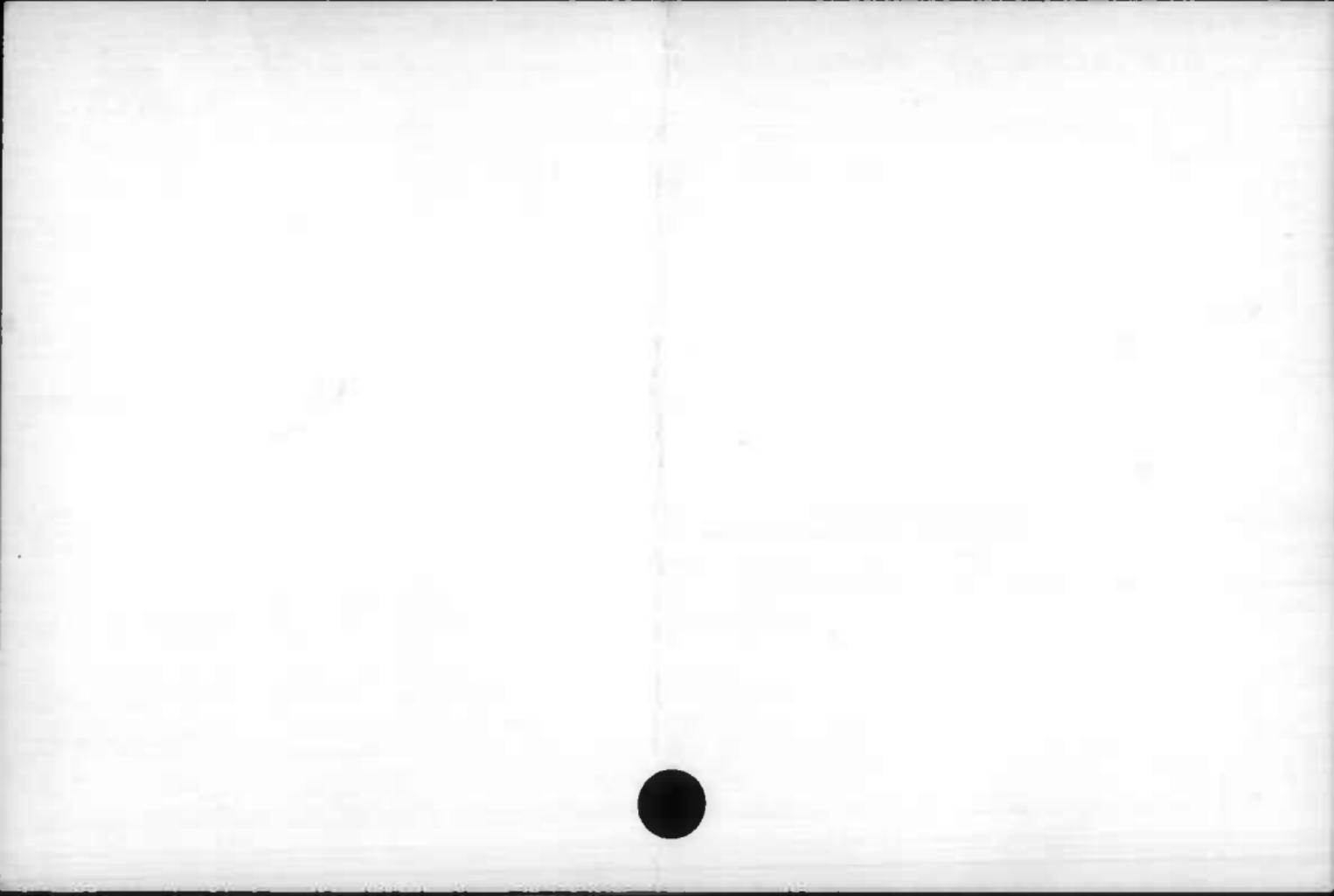
yes

Signature of Physician

R Kemp Jefferson
Hedonalsburg
md

Address

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

James R. Butler

CERTIFICATE OF DEATH

Died at Denton

County Caroline

MARYLAND

Date of death 1909 Month 3 Day 29 Years 55 Age Months Days

Sex male

Color or Race

white

Birth-place

Maryland

Occupation Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or Husband

Bucala Butler

Father's Name

Jessie. Butler

Father's Birthplace

Maryland

Mother's Maiden Name

Leolina Williams

Mother's Birthplace

Maryland

Name of person giving Information

Kelli E. Butler.

How related
to deceased

Daughter-in-law

CAUSES OF DEATH

93

Primary

Pneumonia

How long

5 weeks.

Immediate

Exhaustion

How long

Several hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

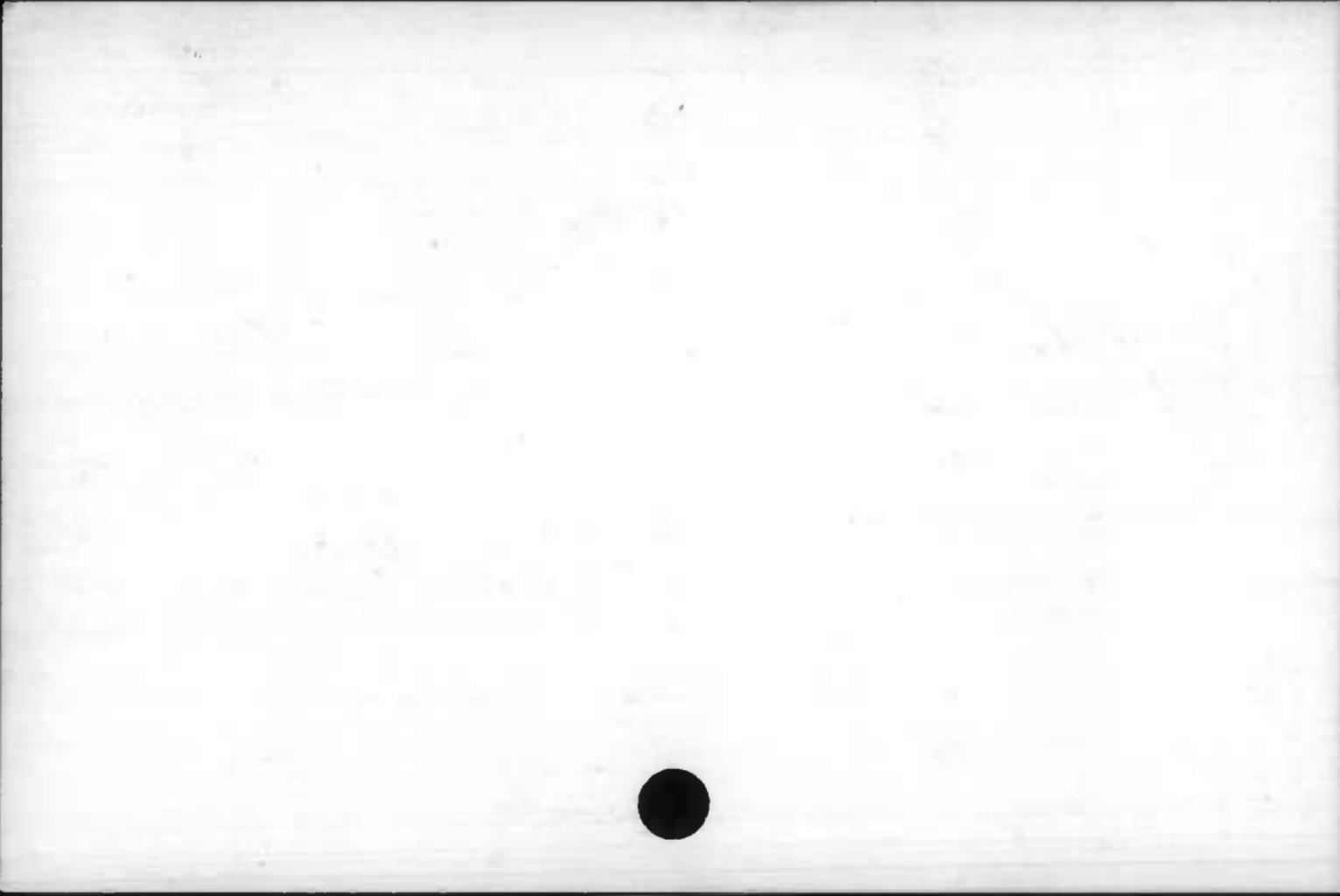
Signature of Physician

Address

Enoch Terry MD
Denton Calvert Co.
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Geo W Coker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	Denton		County	Caroline	
Died at			County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	3	21	Age	67	
Sex	Male		Color or Race	White	
Occupation	Clerk		Where Residing if not at place of death	—	
Married, Single or Widowed	Married		Name of Wife or Husband	Laura G Coker	
Father's Name	W G Coker		Father's Birthplace	Md.	
Mother's Maiden Name	Laura G Maloney		Mother's Birthplace	Md.	
Name of person giving information	Old Coker		How related to deceased	Daughter	

CAUSES OF DEATH

Primary Bright's Disease

120

How long

6 months

Immediate Heart Failure

How long

Indefinite

Are the name, age, sex, color, date
and place correctly given above?

yes

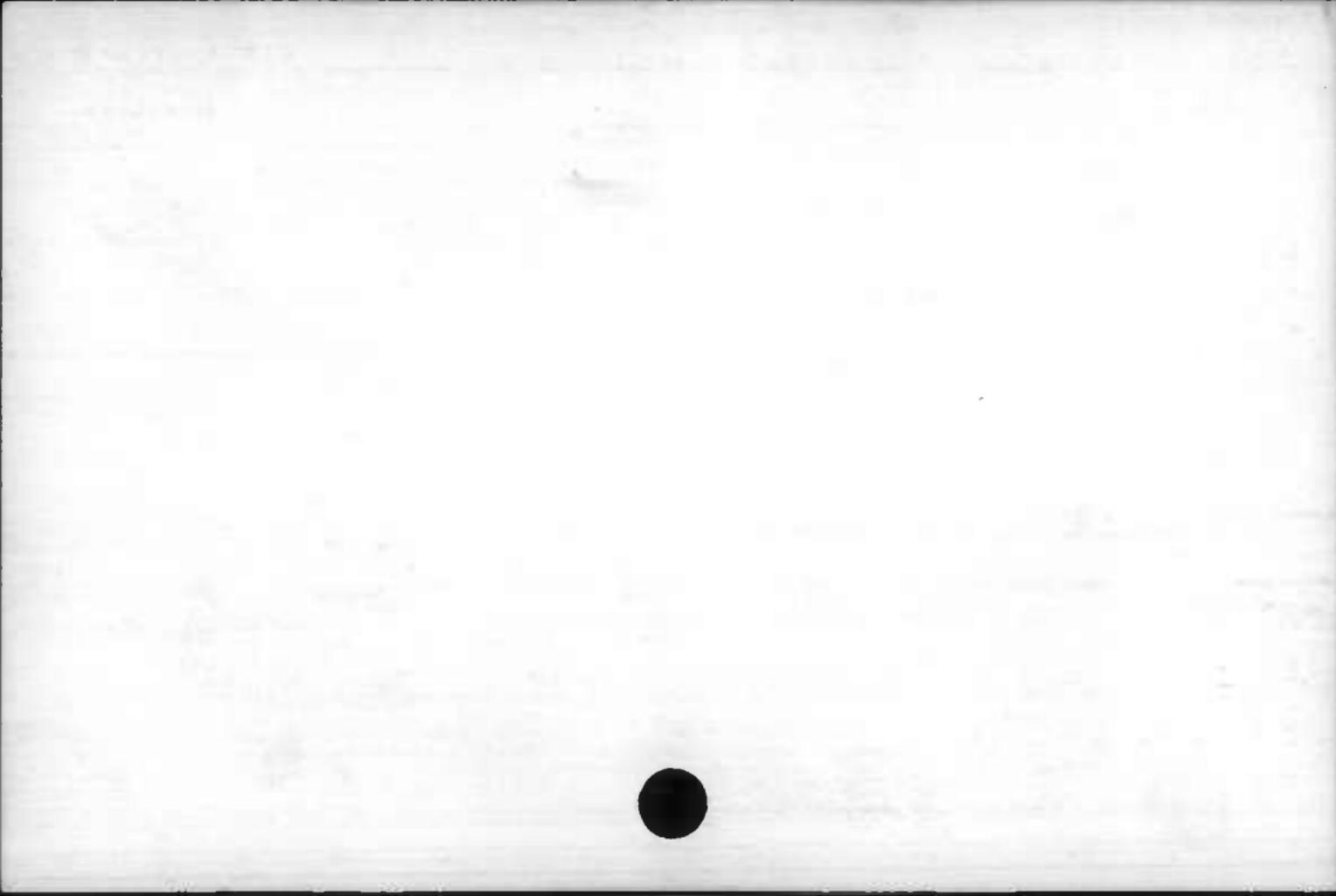
Signature of
Physician

Address

J. W. Smith

Denton Md.

Accident or Suicide



Name
in
Full

Mahala Callison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Hobbs	Caroline				
Date of death	Month	Day	Years	Months	Days
1909	March	9	83.	-	-
Sex	Color or Race	Age	Birth-place		
Female	White		Delaware		
Occupation	Where Residing if not at place of death				
Housewife	Andrea Lee McCallison				
Married, Single or Widowed	Name of Wife or Husband	Maxella K. Callison			
Father's Name	James Carroll	Father's Birthplace	Delaware		
Mother's Maiden Name	Ridgewood	Mother's Birthplace	"		
Name of person giving information	Henry Hulpe	How related to deceased	Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drop

177

How long

Severe pain

Immediate

Heart Failure

How long

few days

Are the name, age, sex, color, date and place correctly given above?

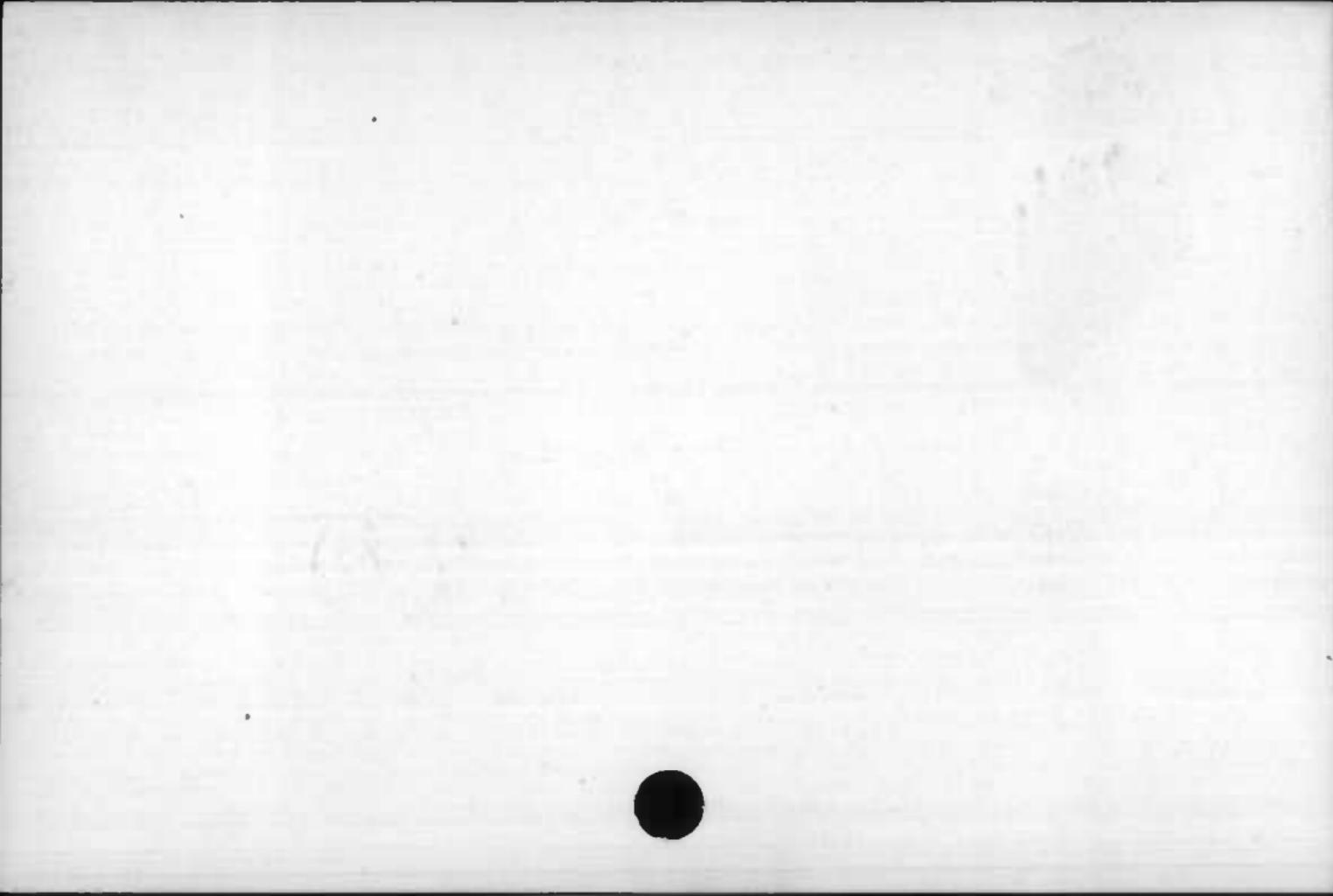
Yes

Signature of Physician

Address

Enoch Teng Head
Delaware Co
Md

Accident or Suicide?



Name
in
Full

Caroline E. Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Denton	Caroline		Month	Days
Date of death	Month	Day	Years	Month
1909	3	19	Age 68	5
Sex	Color or Race	Birth-place	Maryland	
Female	white			
Occupation	Where Residing if not at place of death			
Housewife	Samuel J. Cooper.			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Md.	
Married	Samuel J. Cooper.			
Father's Name	James Hubbard.	Mother's Birthplace	Delaware.	
Mother's Maiden Name	Shiana Wright		Husband.	
Name of person giving Information	S. J. Cooper.	How related to deceased		

CAUSES OF DEATH

27

Primary

Pneumonia

How long

1 month

Immediate

Tuberculosis

How long

20 years.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

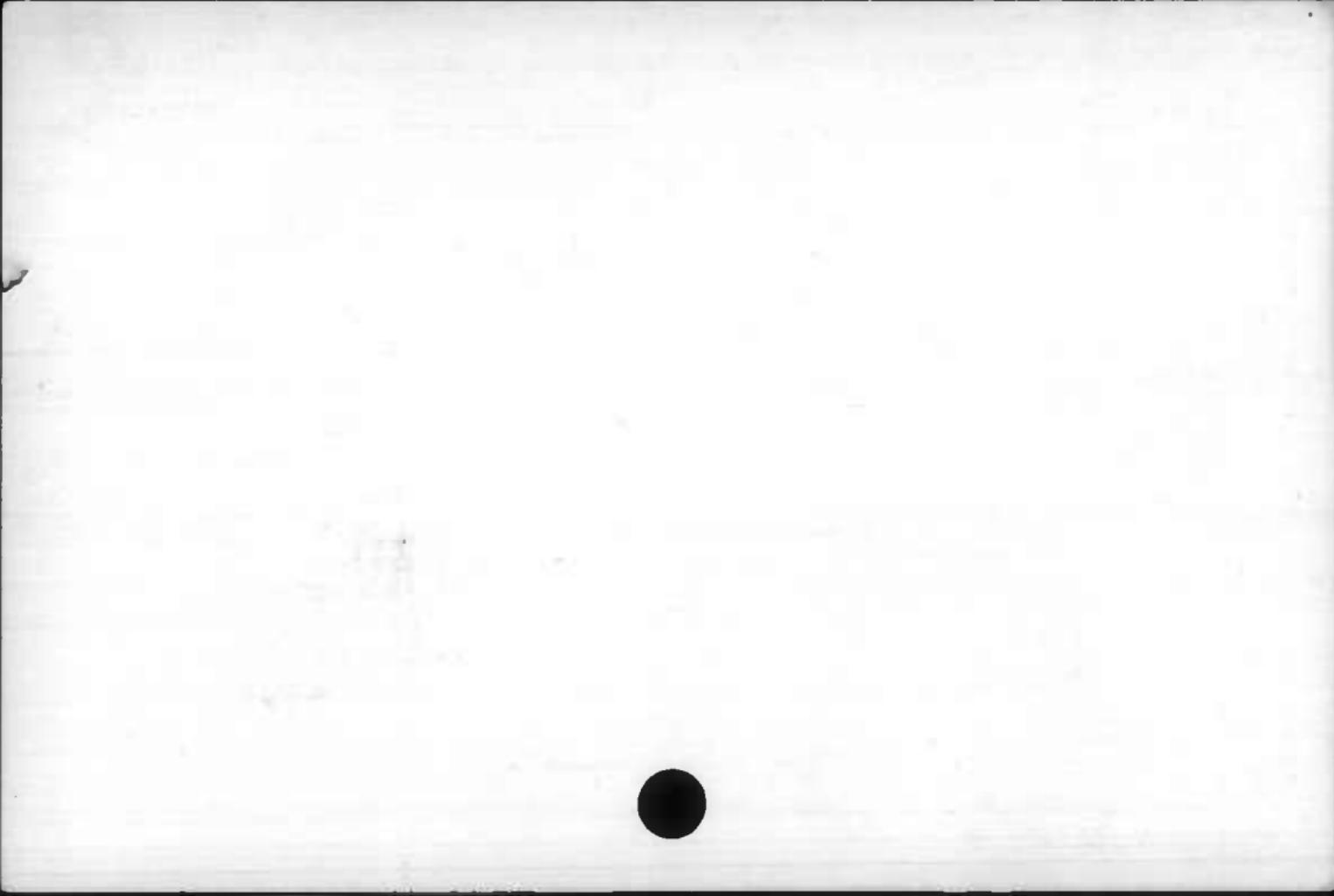
G. W. Bishmore

Address

Denton Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Bernice Emma Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at	Denton	Caroline			
Date of death	1909	Month	3	Day	29
Age			Years		
Sex	Female	Color or Race	White	Birthplace	Spury
Occupation	None				
Married, Single or Widowed	Single				
Father's Name	Elmer S Brown				
Mother's Maiden Name	Hazel Branch				
Name of person giving information	H. K. Brown				

CAUSES OF DEATH

Primary

Imperfect development of the heart

150

How long

Immediate

Exsanguination

14 days

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

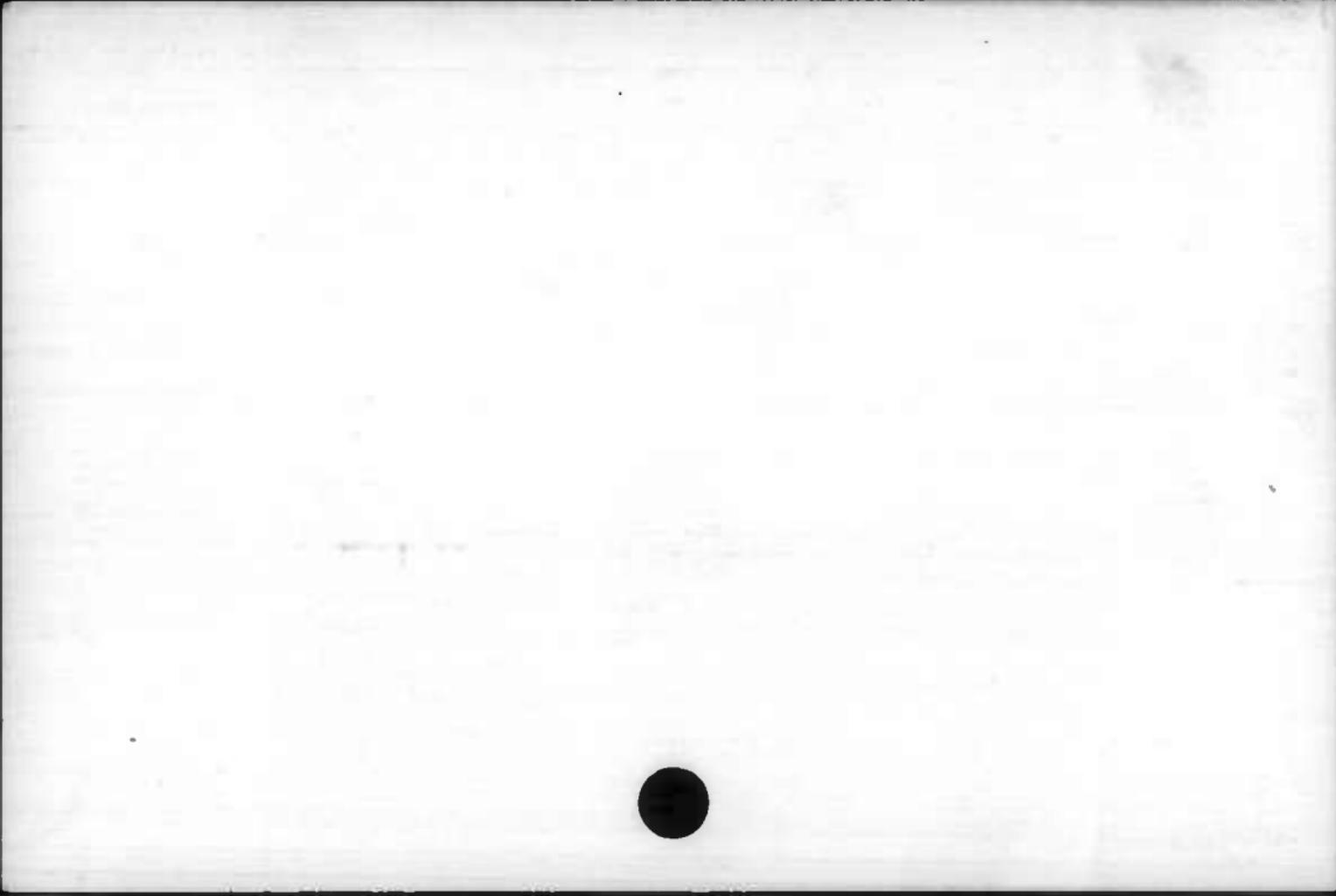
Address

P. R. Fisher

Denton

Accident or Suicide

No



TO BE ANSWERED

**PHYSICIAN
OR CORONER**

CERTIFICATE OF DEATH

Died at			Town <i>P. Goldsboro</i>	County <i>Cassville</i>			MARYLAND	
Date of death	Month 1909	Day 3	Age 23	Years 45	Months 2	Days —		
Sex	Female	Color or Race	White	Birth- place	<i>Md</i>			
Occupation	House Wif			Where Residing if not at place of death	<i>near Goldsboro</i>			
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Abe</i>	Orlongy				
Father's Name	<i>Thomas Hoffs</i>			Father's Birthplace	<i>Md</i>			
Mother's Maiden Name	<i>Elizabeth Porter</i>			Mother's Birthplace	<i>Md</i>			
Name of person giving Information	<i>Abe Orlongy</i>			How related to deceased	<i>Husband</i>			

Pyloric Ulcer.

CAUSES OF DEATH

Primary

Bleeding Ulcer

103

How long

immediate

malnutrition

2 months

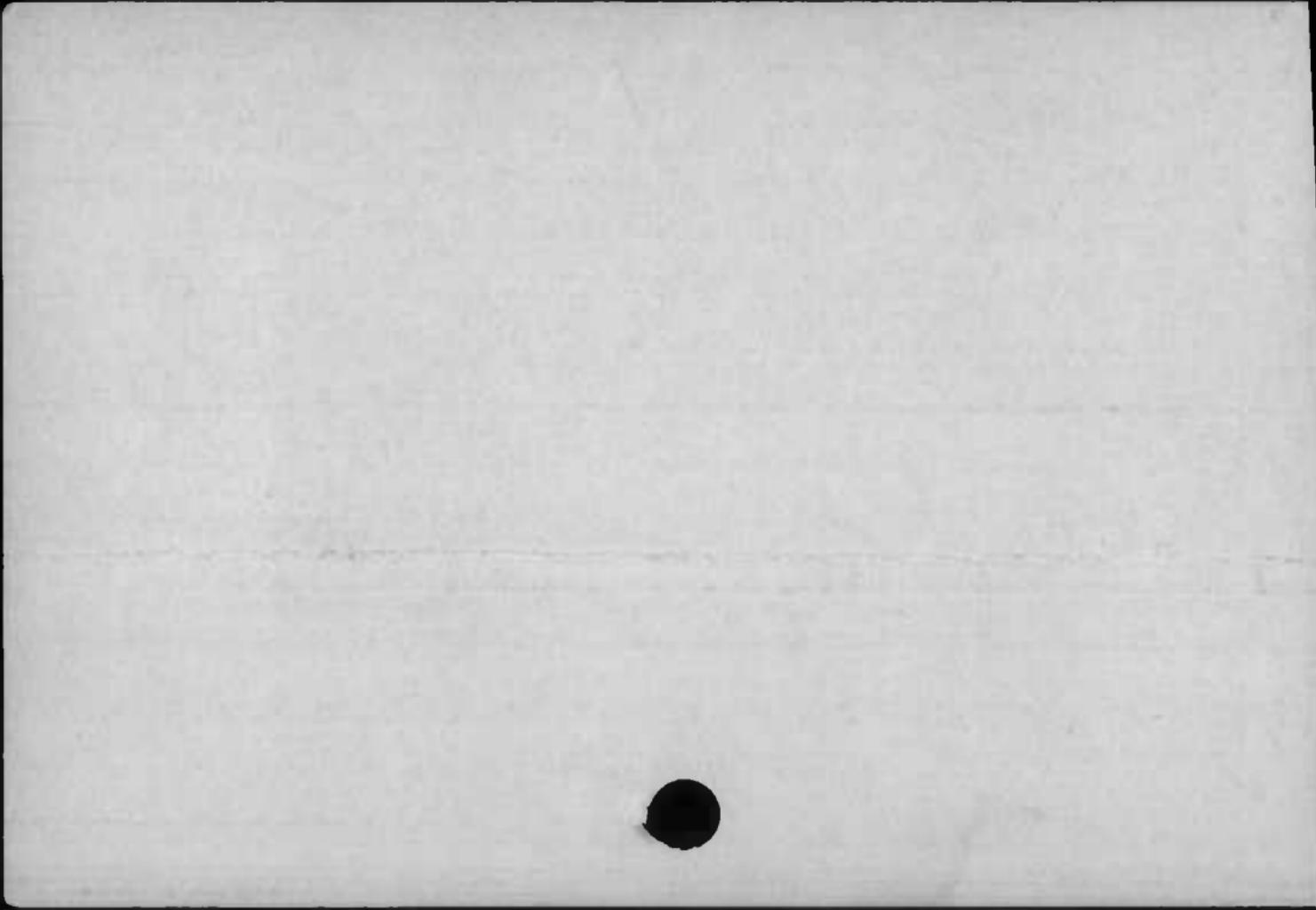
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

motor's
lids

Accident or Suicide?



Name
in
Full

Edward Dickinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at near Hillboro	Caroline				
Date of death 1909	Month March	Day 6th	Years	Months	Days
Sex Male	Color or Race White	Birth-place not known			
Occupation Fisherman	Where Residing if not at place of death				
Married, Single or Widowed not known	Name of Wife or Husband				
Father's Name Nat Known	Father's Birthplace not known				
Mother's Maiden Name not known	Mother's Birthplace not known				
Name of person giving information Edna. B. Kemp	How related to deceased not related				

CAUSES OF DEATH

177

How long

5 or 6 month

How long

Primary

Suffused - droopy

Immediate

Infirmities of age - died alone

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

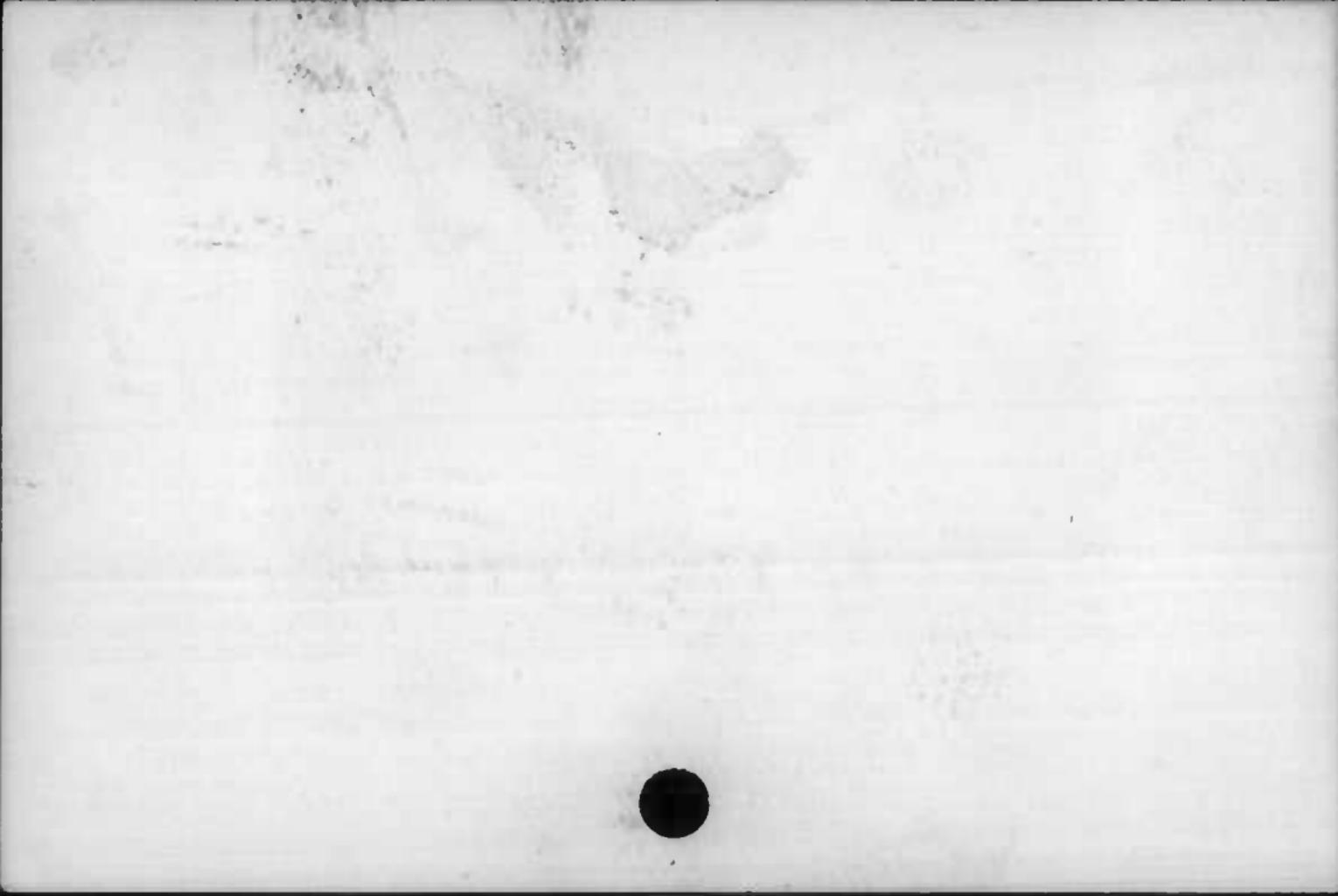
Address

Geo C. Beane
Acting Coroner

Hillboro Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

FOR CORONER

James Edward Diel

CERTIFICATE OF DEATH

Died at Goldsboro County

MARYLAND

Date of death 1909 Month March Day 25 - Age 63 Year

Months 4 Days 2

Sex Male Color or Race White

Birth-place Delaware

Occupation Miller

Where Residing if not
et place of death

Married, Single
or Widowed

Married Name of Wife or Husband Fannie E Diel.

Father's Name

James E. Diel

Father's Birthplace

Delaware

Mother's
Meiden Name

Jane Andrew.

Mother's Birthplace

MD.

Name of person giving
Information

Fannie E Diel

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Pneumonia

93

How long

Immediate

Heart Failure

8 days

Are the name, age, sex, color, date
and place correctly given above?

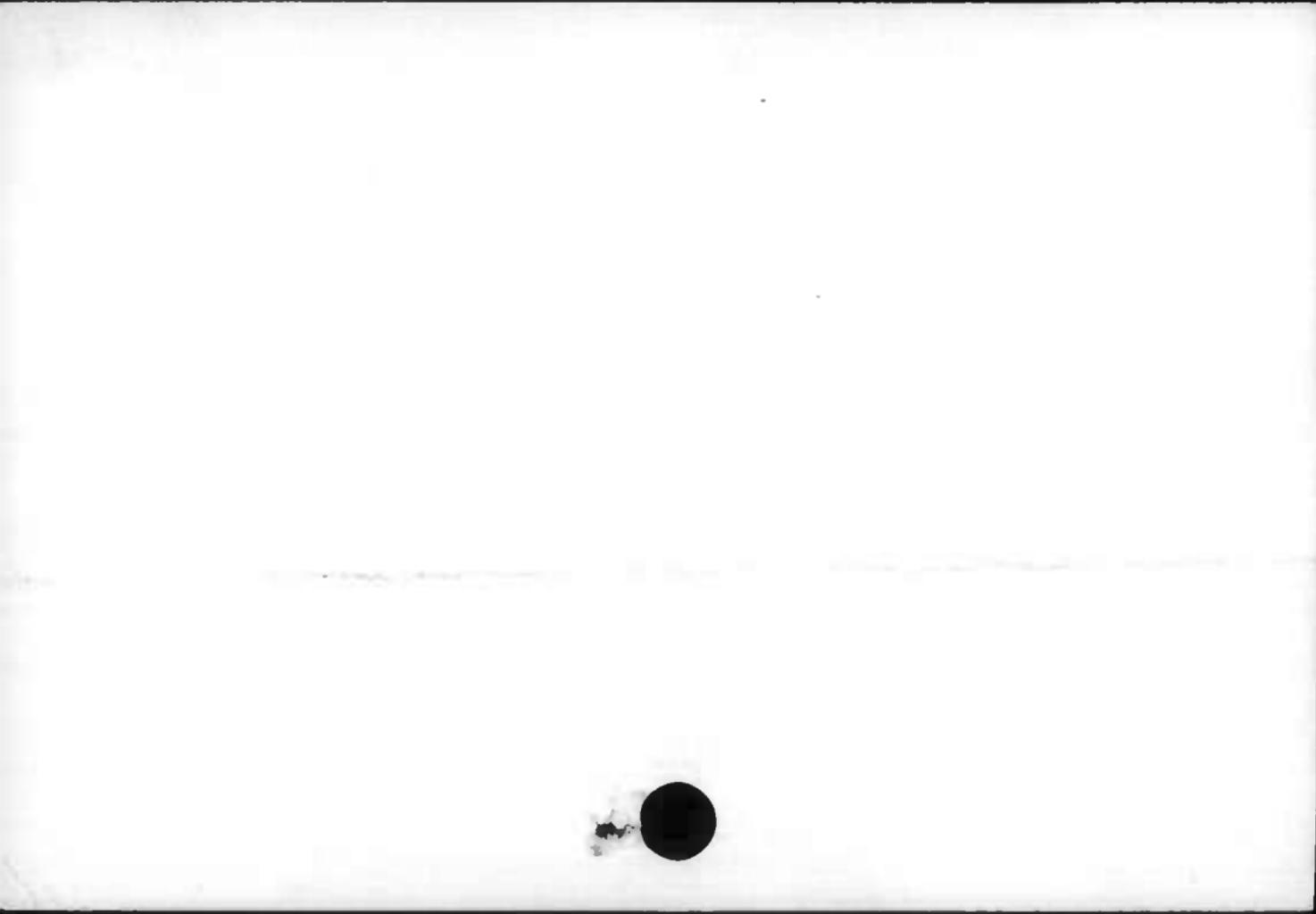
Yes

Signature of
Physician

Address

Tyler
Goldsboro.
MD

Accident or Suicide



Name
in
Full

Annie G. Enlant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Greenvs	Caroline				
Date of death 1909	Month	Day	Age	Years	Months
Mar 9	Mar	24	16	16	2
Sex	Female	Color or Race	Occupation	Birth- place	Death place
Married, Single or Widowed	Dingle				
Name of Wife or Husband	None				
Father's Name	Dank Kimm				
Mother's Maiden Name	Rebecca Corlant				
Name of person giving Information	Dank Corlant				

CAUSES OF DEATH

(10)

How long

1 week

How long

3 days

PHYSICIAN
OR CORONER

Primary

Lip Pneumonia

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D. R. Malone

Greenvs

W. D.

Accident or Suicide?



Name
in
Full

Mary Knott Fisher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Hillsboro	Caroline				
Date of death	Month	Day	Years	Months	Days	
1909.	Sept	16	33	-		
Sex	Female	Color or Race	White	Birth-place	Delaware Co.	
Occupation	Housewife			Where residing if not at place of death	-	
Married, Single or Widowed	Married	Name of Wife or Husband	Harry Fisher	Father's Birthplace	Caroline Co	
Father's Name	John W. Fisher			Mother's Birthplace	Caroline Co	
Mother's Maiden Name	Frances Cheffman			How related to deceased	Husband	
Name of person giving Information	Harry Fisher			How long	1 year	

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

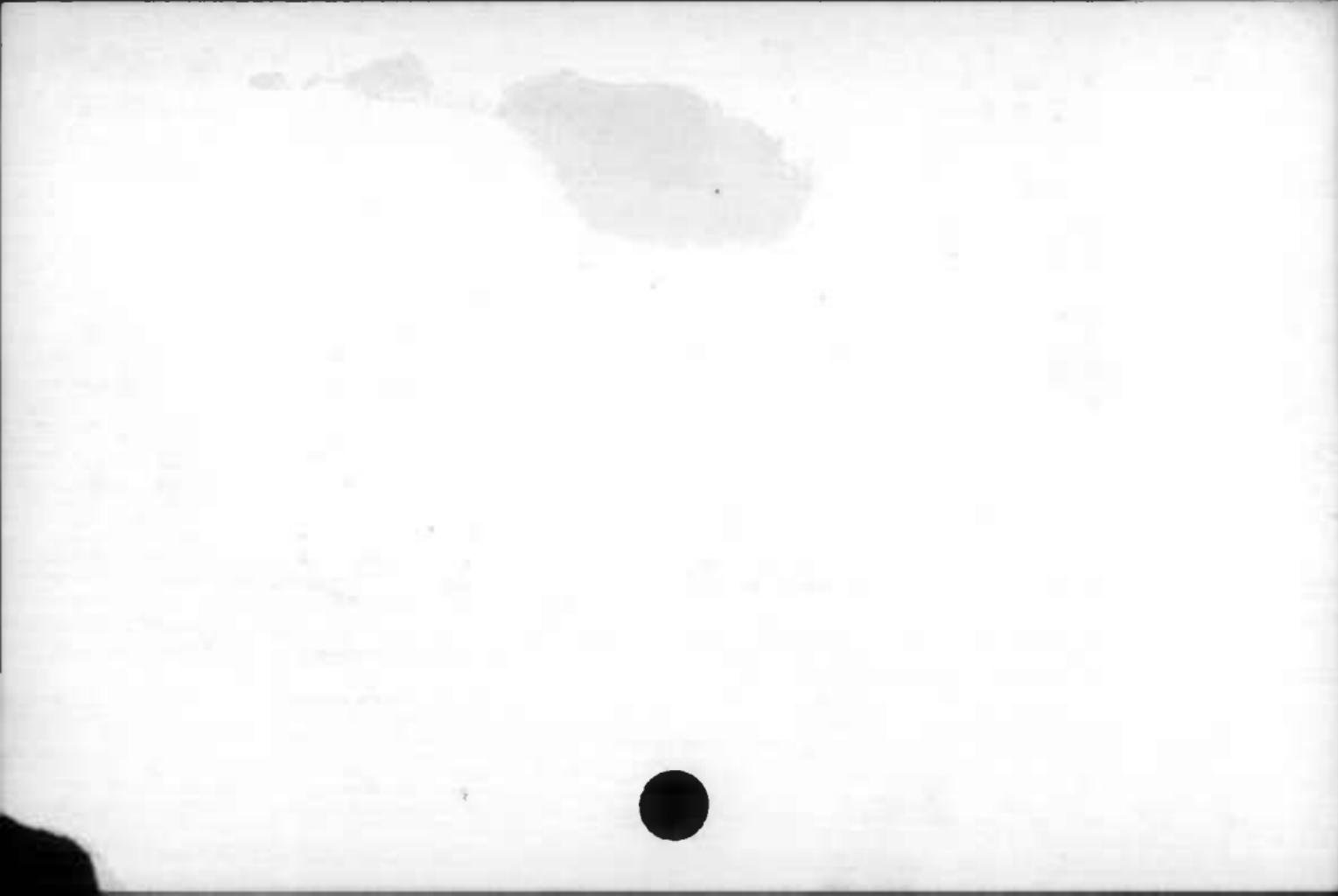
H. W. B. Root, M.D.

Hillsboro,
Md

PHYSICIAN
OR CORONER

Accident or Suicide





Name
in
Full

Eunice Flomis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Onion	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	37			
Occupation	Where Residing if not et place of death					
Married, Single or Widowed	Name of Wife or Husband		Chas Flomis			
Father's Name	Joseph Cornish		Father's Birthplace			MD
Mother's Maiden Name	Maggie Cornish		Mother's Birthplace			MD
Name of person giving Information	Chas Flomis		How related to deceased			Husband

CAUSES OF DEATH

93

How long

Primary

Pneumonia

From

Immediate

Heart Failure

Indirect

Are the name, age, sex, color, date
and place correctly given above?

Yes

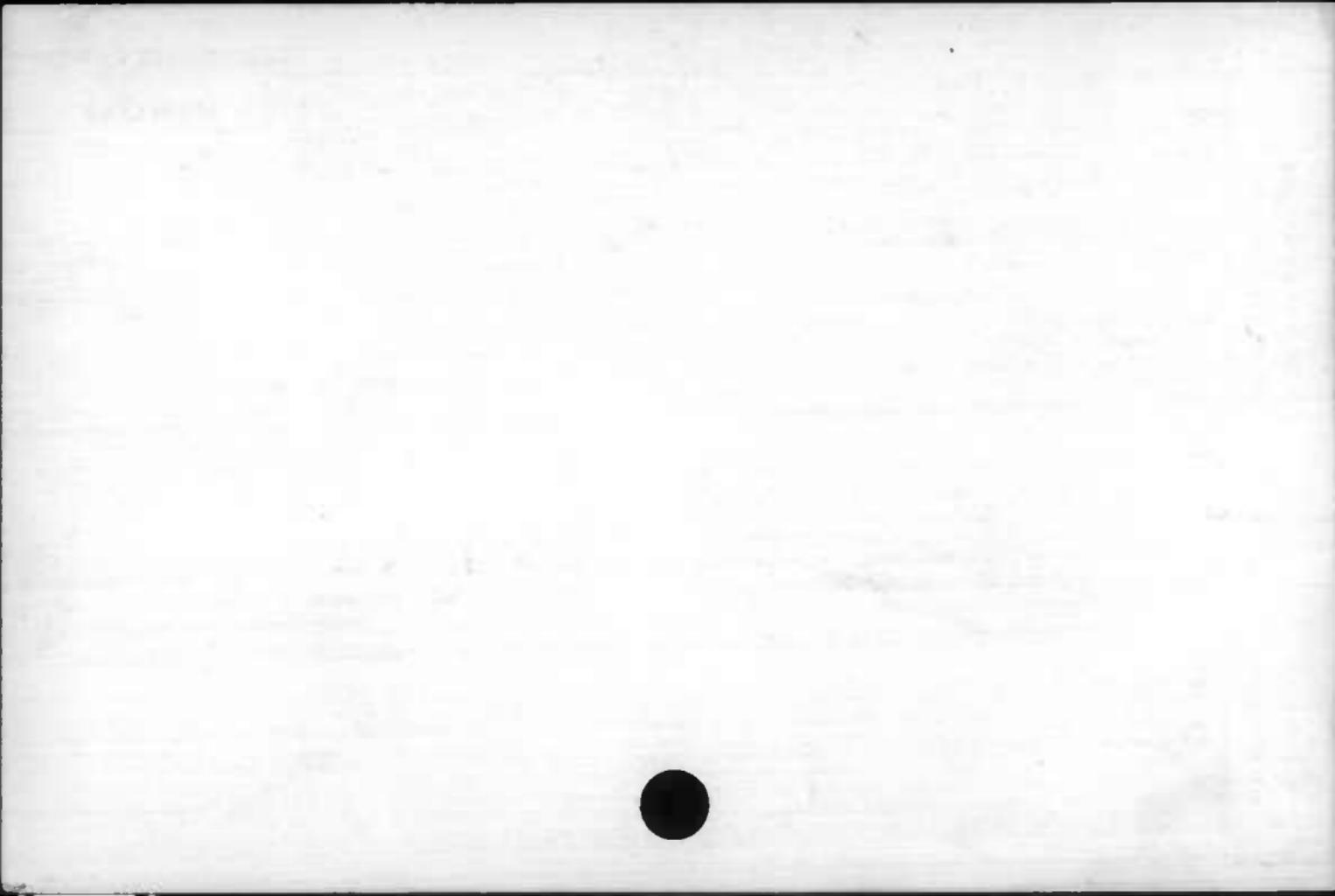
Signature of
Physician

Address

J. M. Nichols
Orton Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

✓

Harriet Freeman

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at North Ridgeley Caroline

Date of death	Month	Day	Years	Months	Days
1909	Mar.	17	46	-	-

Sex	Color or Race	Birth-place
Females	Negro -	Maryland

Occupation	Where Residing if not at place of death
Housework	<

Married, Single or Widowed	Name of Wife or Husband
Single	-

Father's Name	Father's Birthplace
Eunice Freeman	Ridgeley

Mother's Maiden Name	Mother's Birthplace
Rhoda Lovettman	Ridgeley

Name of person giving Information	How related to deceased
Elvire Gibbs	Son-in-law

CAUSES OF DEATH

Primary	120	How long
Nephritis -	Two years.	
Immediate	Urine Poisoning	How long

Are the name, age, sex, color, date and place correctly given above ?

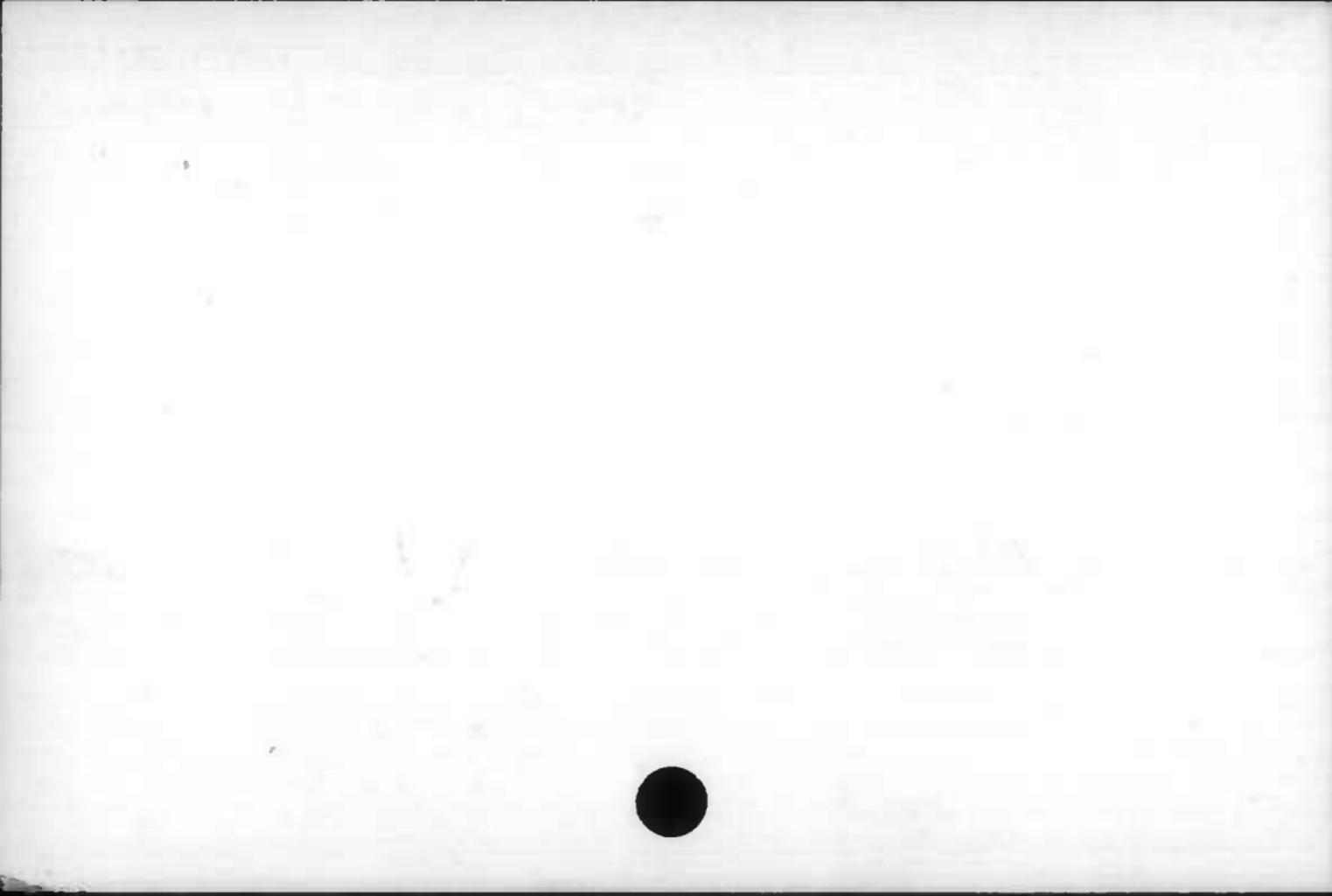
Yes

Signature of Physician

Address

J. S. Morris
Ridgeley Md.

Accident or Suicid



Name
in
Full

Mollie Whiting French -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			
Died at near Ridgely	Baltimore -			
Date of death 1909 Mar 2	Month Day	Years	Months	Days
Sex Female	Color or Race White -	Age 30		
Occupation Housewife	Where Residing if not et place of death			
Married, Single or Widowed Married	Name of Wife or Husband	Elias P. French -	Father's Name	Married -
Mother's Maiden Name Elvora Blotter -	Mother's Birthplace	Elvira E. Whiting -	Father's Birthplace	Id -
Name of person giving Information E. P. French.	How related to deceased	Husband	Mother's Birthplace	Id -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia -

(93)

How long

Nine days

Immediate

Exhaustion -

How long

Are the name, age, sex, color, date
and place correctly given above ?

Signature of
Physician

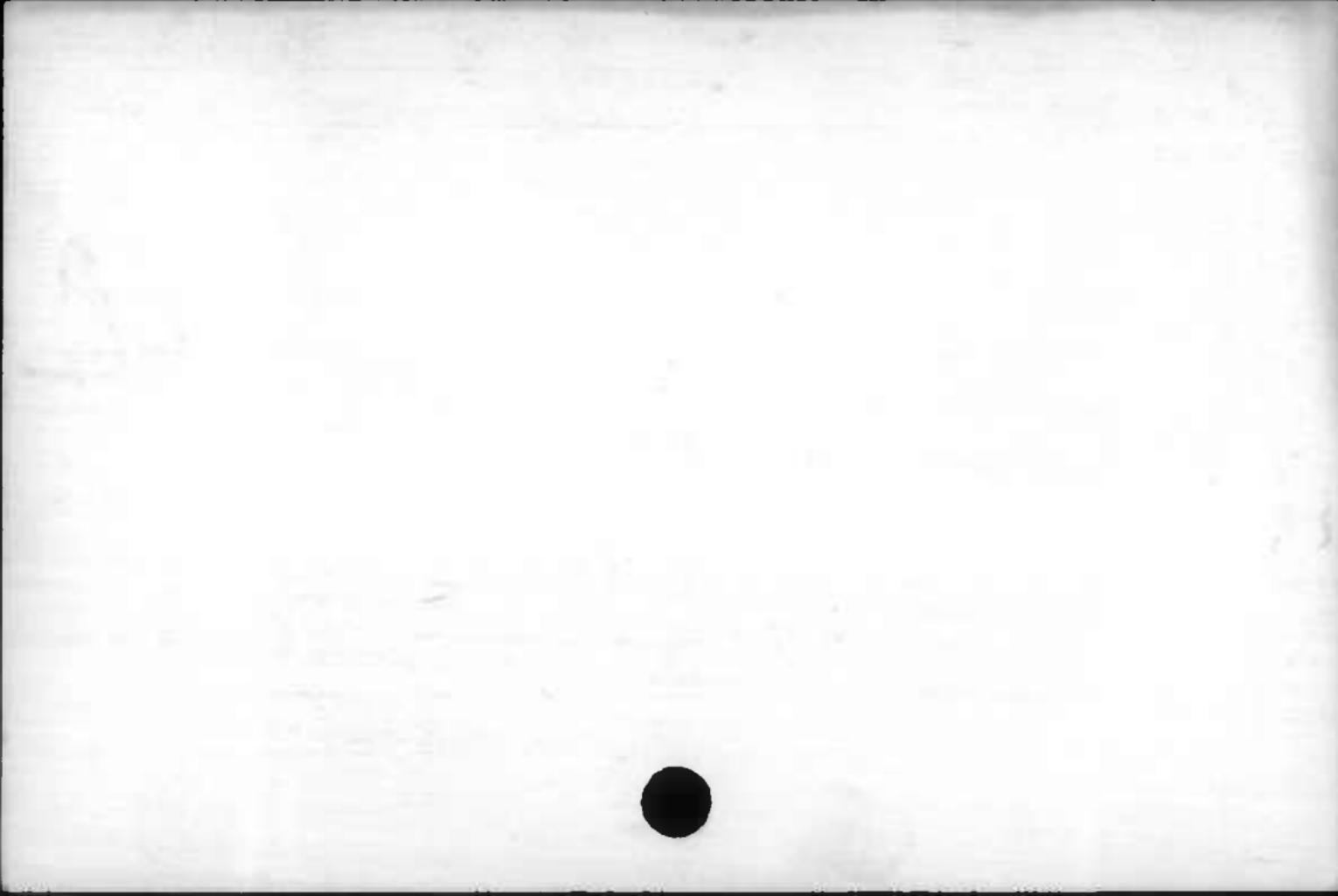
Address

Yes

J. S. French M.D.
Ridgely, Md.

Accident or Suicide

No -





e

Elizabeth Holson

CERTIFICATE OF DEATH

Died at Dear Goldsboro				County Caroline	MARYLAND	
Date of death 1909	Month 3	Day 1	Age 58	Years	Months	Days
Sex Female	Color or Race White			Birth-place Delaware		
Married, Single or Widowed Married			Occupation Housewife			
Name of Wife or Husband Robt J. Holson						
Father's Name John Knox	Father's Birthplace Delaware					
Mother's Maiden Name Annie Ford	Mother's Birthplace Delaware					
Name of person giving information Robt J. Holson.	How related to deceased Husband					

CAUSES OF DEATH

79

How long

Terminal illness -

How long

Immured -

Primary

Mistake Insuf:

Immediate

Neuralgia Cardiac

Are the name, age, sex, color, date and place correctly given above?

Yrs -

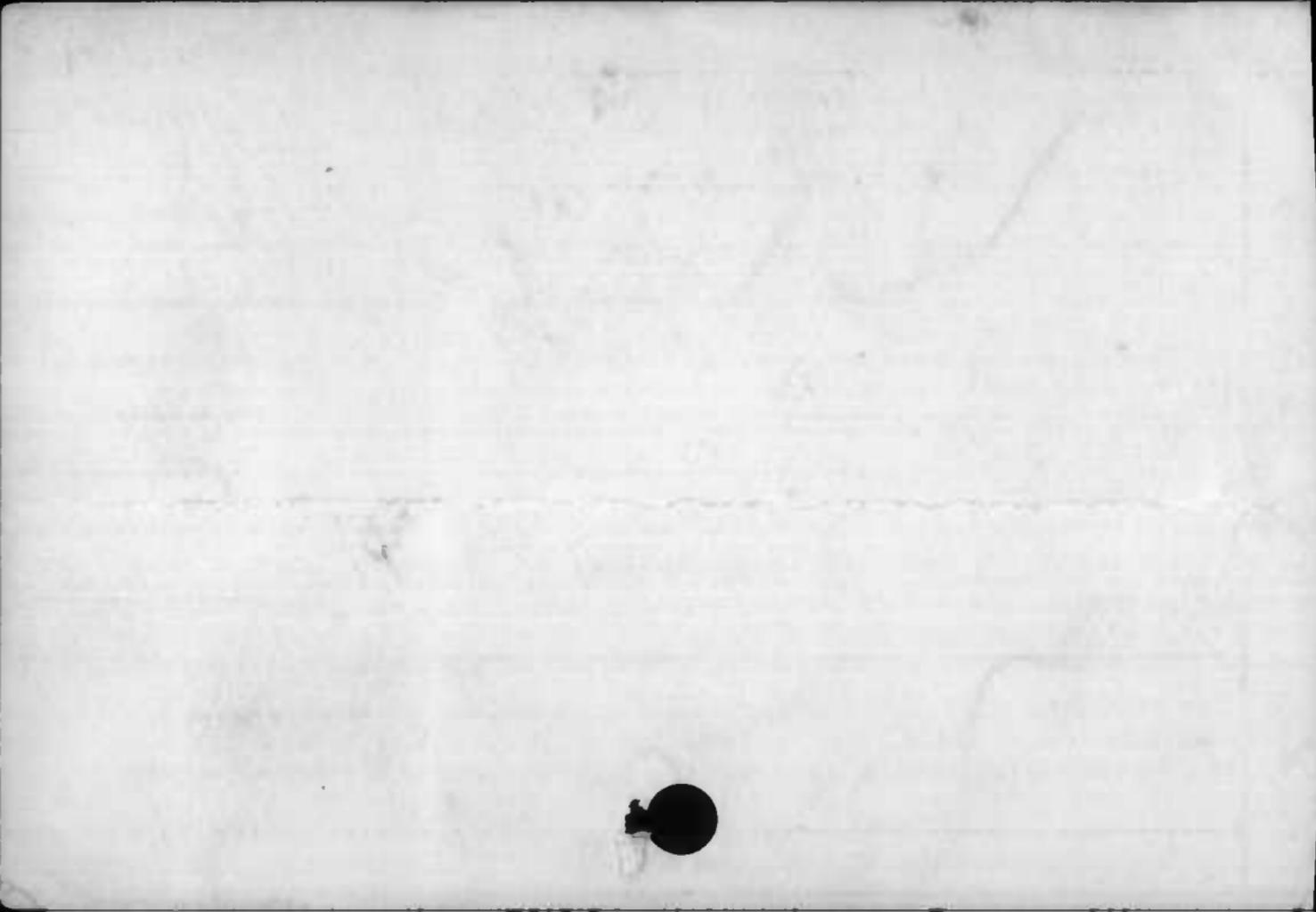
Signature of Physician

Address

DR Malmer

Greensboro
M.D.

Accident or Suicide?

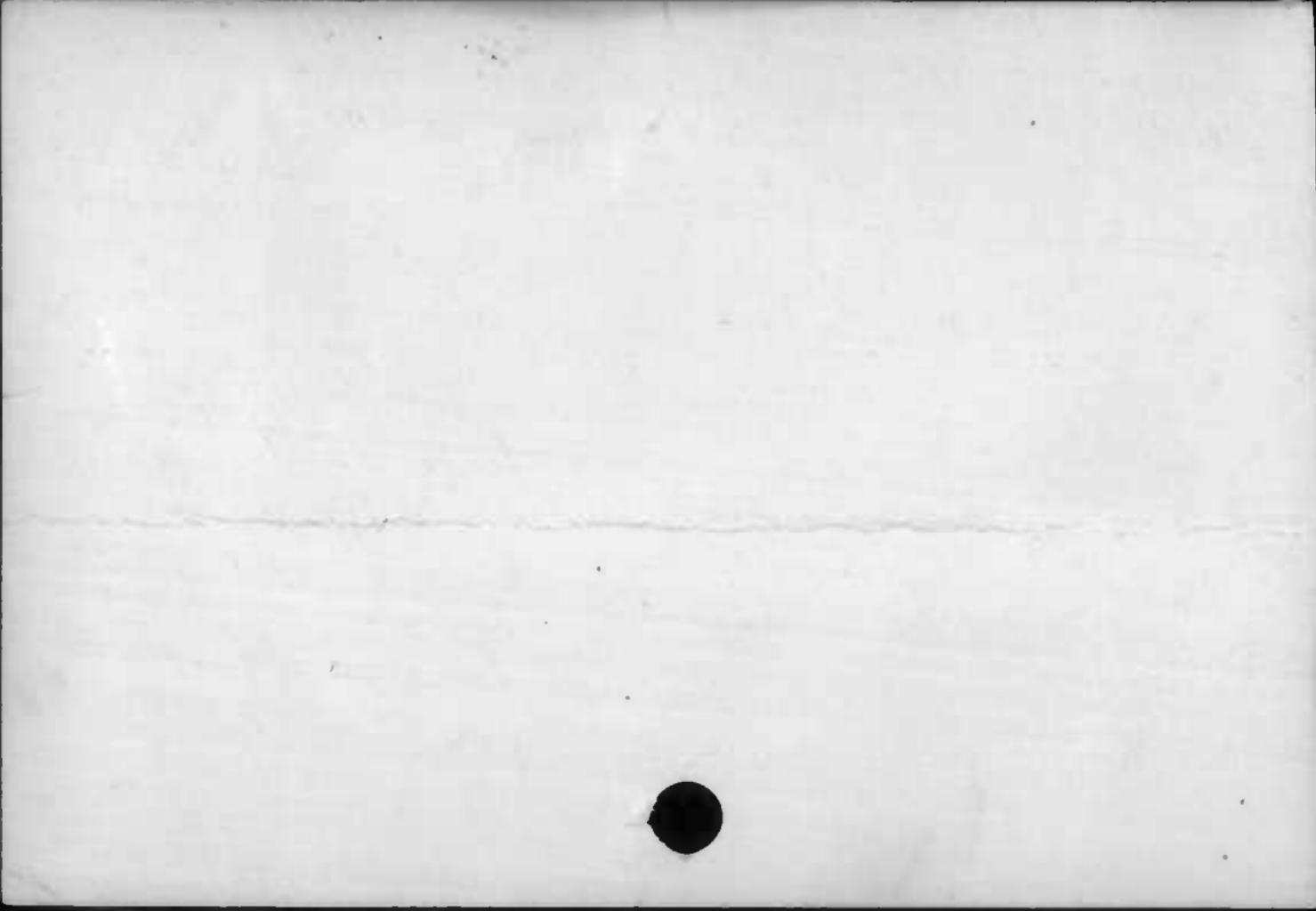


CERTIFICATE OF DEATH

NEAREST FRIEND

OR CORONER

Wm Jones.			
Died at	Town Evansboro	County Caroline	MARYLAND
Date of death	Month 1909 Mar.	Day 18	Years Age 80
Sex	Color or Race Male	White	Months 5
Occupation	Where Residing if not at place of death Farmer		
Married, Single or Widowed	Name of Wife or Husband Marie	Unite Scotl -	
Father's Name	Thomas Jones		
Mother's Maiden Name	Sarah Montague -		
Name of person giving information	Bry. Jones		
CAUSES OF DEATH			
Primary	Sif - Nephritis Calcui		
Immediate	Uraemia		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. R. McAlmon	
		Address Greensboro N.C.	
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place		
Occupation	Where Residing if not at place of death			Preston Md	
Married, Single or Widowed	Name of Wife or Husband	None	Preston Md		
Father's Name	None			Father's Birthplace	Md
Mother's Maiden Name	None			Mother's Birthplace	Md
Name of person giving information	O J Kelley			How related to deceased	Father

CAUSES OF DEATH

9

How long

12 hours

How long

Primary Membranous Croup.

Immediate Pulmonary Emphysema, Saponification

Are the name, age, sex, color, date and place correctly given above?

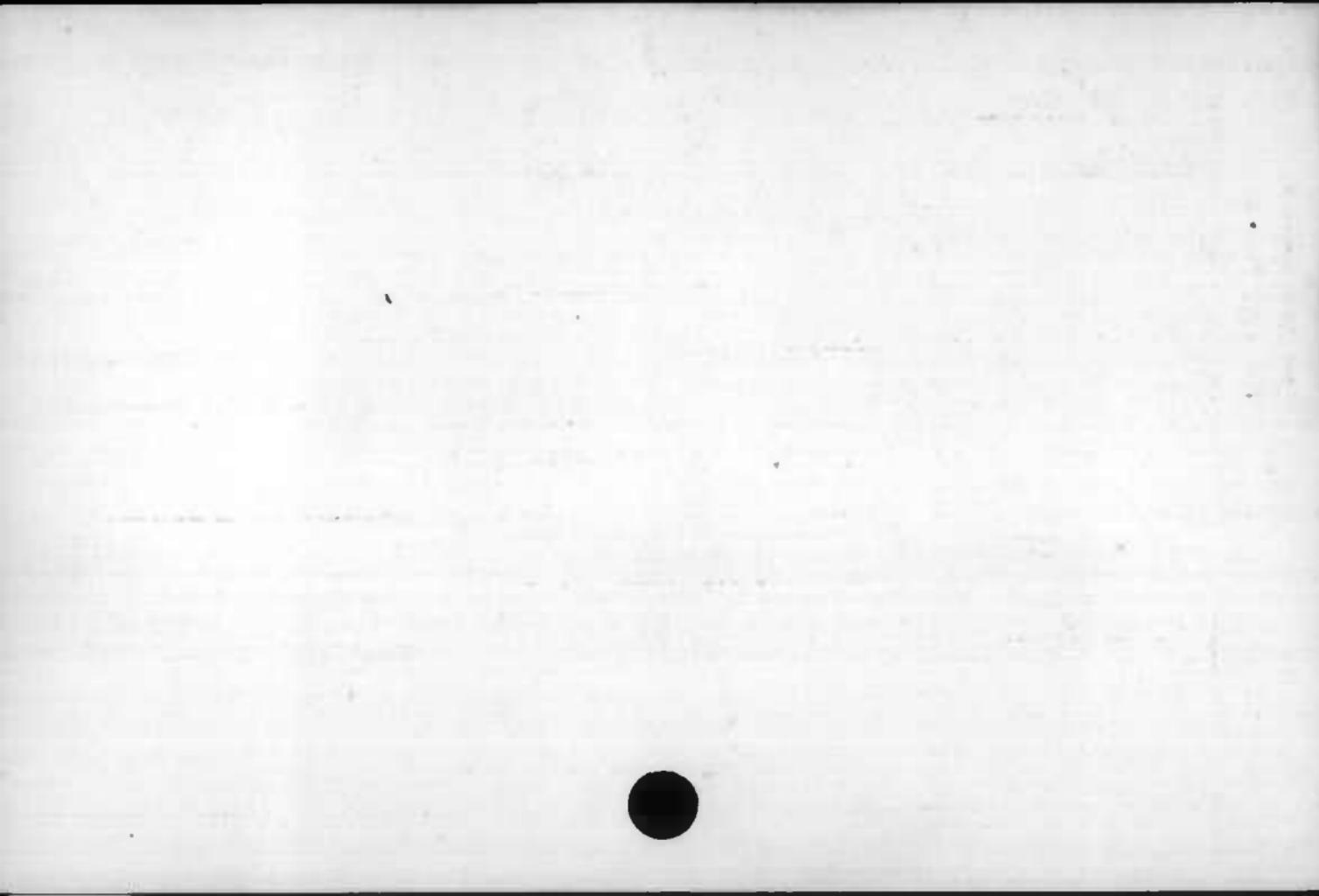
Signature of Physician

Address

Raymond Daewkes
Dresden

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

James M^c Nally

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Greensboro		Caroline	
Date of death	Month	Day	Year
1909	March	25	Age about 60 years
Sax	Color or Race	Birth place	Days
Male	White	Scotland	
Occupation	Where Reiding if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace		
Makewom	Makewom		
Mother's Maiden Name	Mother's Birthplace		
"	"		
Name of person giving Information	How related to deceased		
John R. Nichols	No relation		

CAUSES OF DEATH

10

Primary

Stiffness

How long

One week

Immediate

Heart failure

How long

Immediately

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

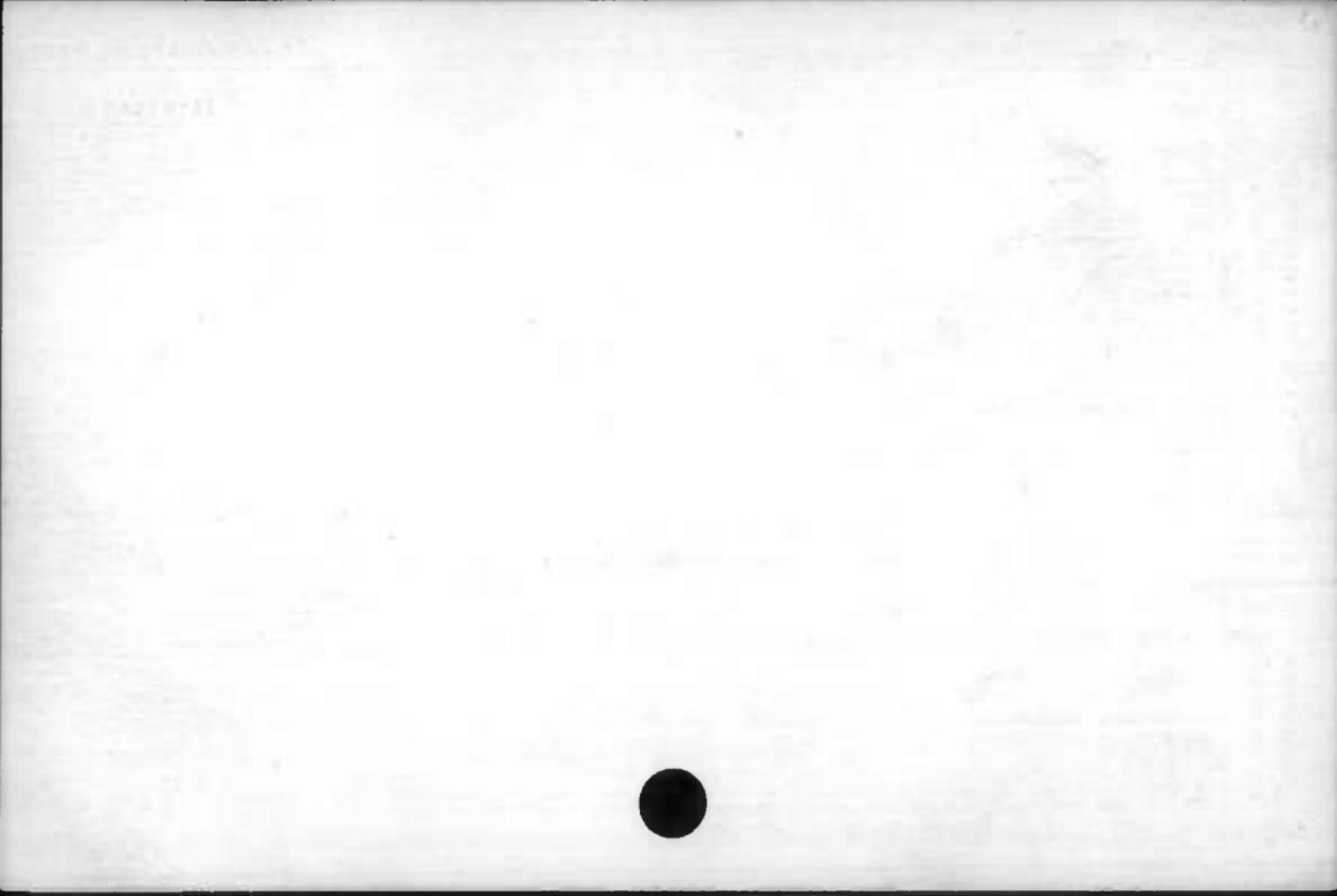
Address

W.H. Old & Son

Greensboro, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Annie E. Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Greensboro	Caroline				
Date of death	Month	Day	Years	Months	Days
1904	MAR.	27	73	5-	-
Sex	Color or Race	Birth-place			
Female	white	Greensboro			
Occupation	Where Residing if not at place of death				
Houswife					
Married, Single or Widowed	Name of Wife or Husband	Doris S. Moore			
Widower	Doris S. Moore				
Father's Name	Wm. Sonnely -	Father's Birthplace	Md.		
Mother's Maiden Name	Anna Hancock	Mother's Birthplace	Md.		
Name of person giving information	AB. Moore -	How related to deceased	Daughter		

CAUSES OF DEATH

27

Primary	Pulmonary tuberculosis	How long	Don't know
Immediate	Pneumonia	How long	1 week -
Are the name, age, sex, color, date and place correctly given above?	yes,	Signature of Physician	Dr. Remaene
		Address	Greensboro Md.
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Blanche Mowbray

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	23	6	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jacob Mowbray	Father's Birthplace Dorchester Co			
Mother's Maiden Name	Sarah Mowbray ^{Noble}	Mother's Birthplace Dorchester Co			
Name of person giving Information	Thony Mowbray	How related to deceased Sister			

CAUSES OF DEATH

27

Primary

Phtisis Pulmonalis.

6mo.

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

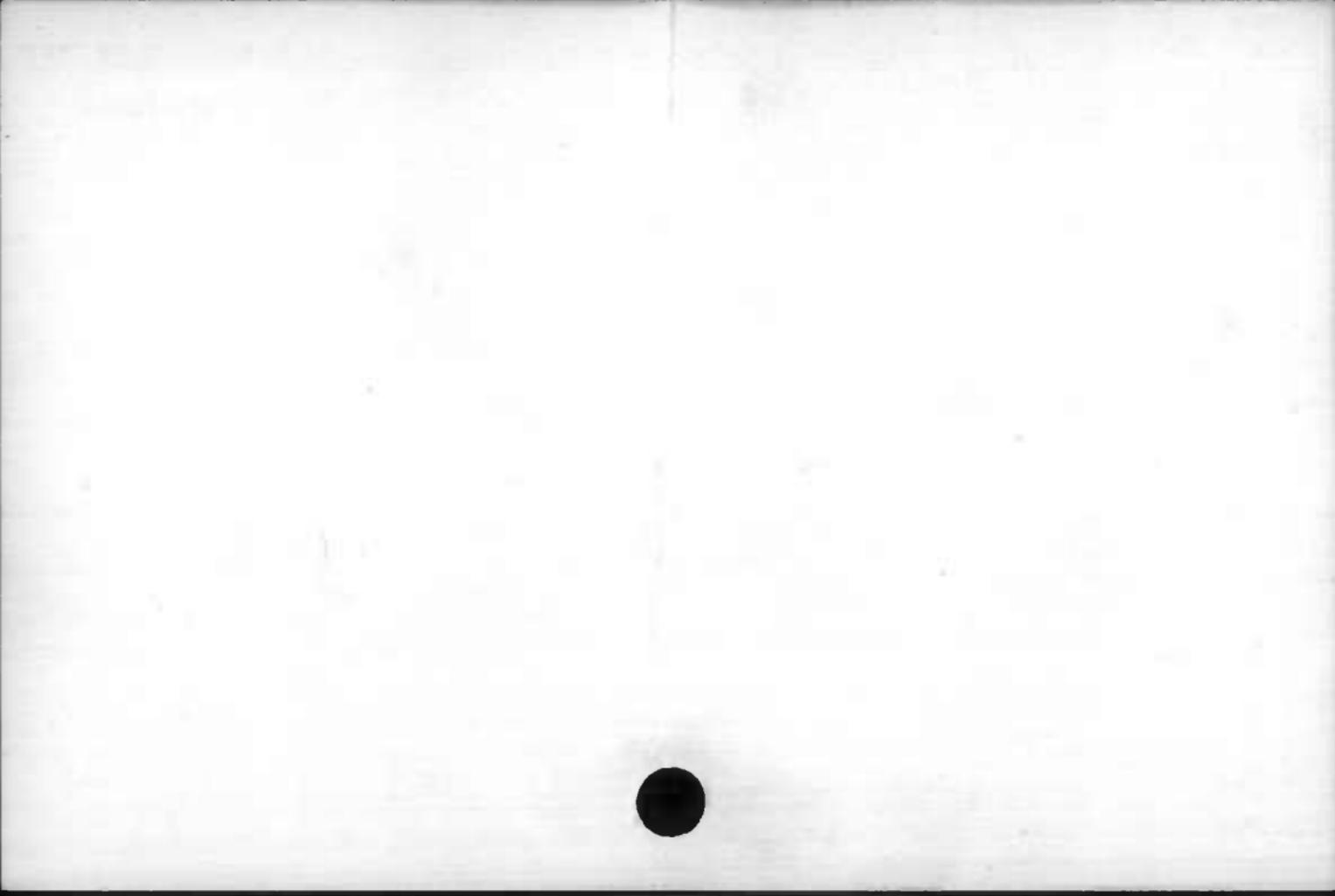
F. J. Brooks

Address

Federalsburg
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Samuel Fitzler Pearson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at	Greensboro		County	MARYLAND	
Date of death	Month	Day	Years	Month	Day
Sex	Male	Color or Race	Age 82	Birth- place Smyrna, Del.	
Occupation	Retired farmer			Where Residing if not at place of death	Greensboro.
Married, Single or Widowed	Name of Wife or Husband		Deceased. Eliz. A. Pearson		
Father's Name	John Pearson		Father's Birthplace	Bombay Slope,	
Mother's Maiden Name	Catherine Clements		Mother's Birthplace	Clayton, Md.	
Name of person giving Information	Dr. G. B. Pearson		How related to deceased	Son	

CAUSES OF DEATH

154

How long

Primary

Senile debility

How long

Immediate

Heart failure

Thunder-

Are the name, age, sex, color, date
and place correctly given above?

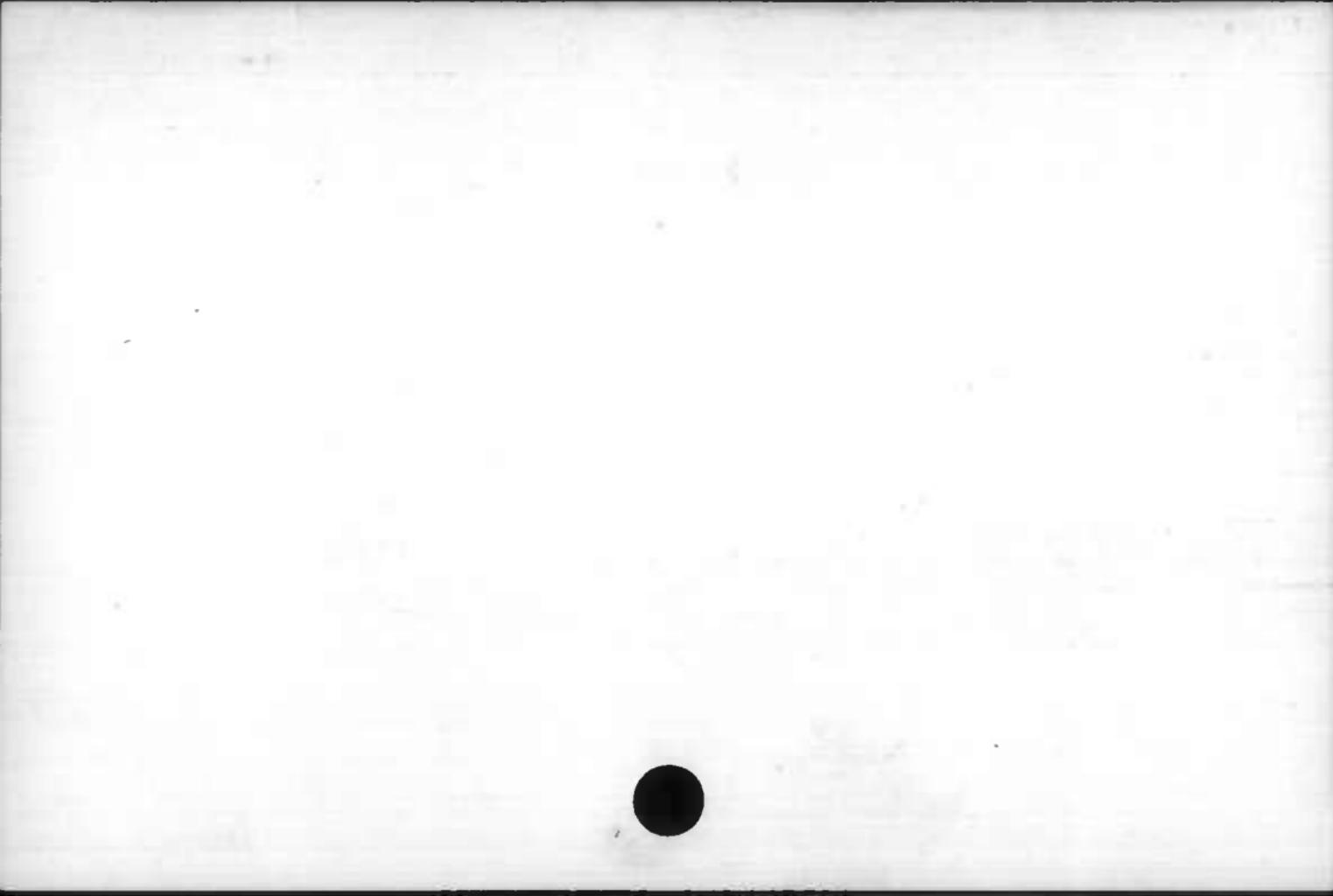
yes

Signature of
Physician

Address

D. L. Goldsborough
Greensboro, Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Ridgely	Town	County	MARYLAND
Date of death 1909	3	Month	Age	Years Months Days
Sex	Female	Color or Race	white	Birthplace
Occupation		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband		
Father's Name	Richard H Sharp	Father's Birthplace	Maryland	
Mother's Maiden Name	Bessie May Price	Mother's Birthplace	Salisbury Md	
Name of person giving information	Richard H Sharp	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Still born
yes

Signature of Physician

Address

J. C. Madara
Ridgely Md

Accident or Suicide?

(S)

How long

How long



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death 1909

Month

Day

Years

Months

Days

Federalburg

Baltimore

Age 21

7

14

Sex Male

Color or
Race

Black

Birth-
place

Sussex Co., Del.

Occupation Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Single

Father's
Birthplace

Caroline Co.

Father's
Name Jacob Shephard

Mother's
Maiden Name Anna Eliza Thomas

Mother's
Birthplace

Name of person giving
Information

Jacob Shephard

How related
to deceased

" Father "

CAUSES OF DEATH

Primary

Acute Dilatation Heart

79

How long

1 week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

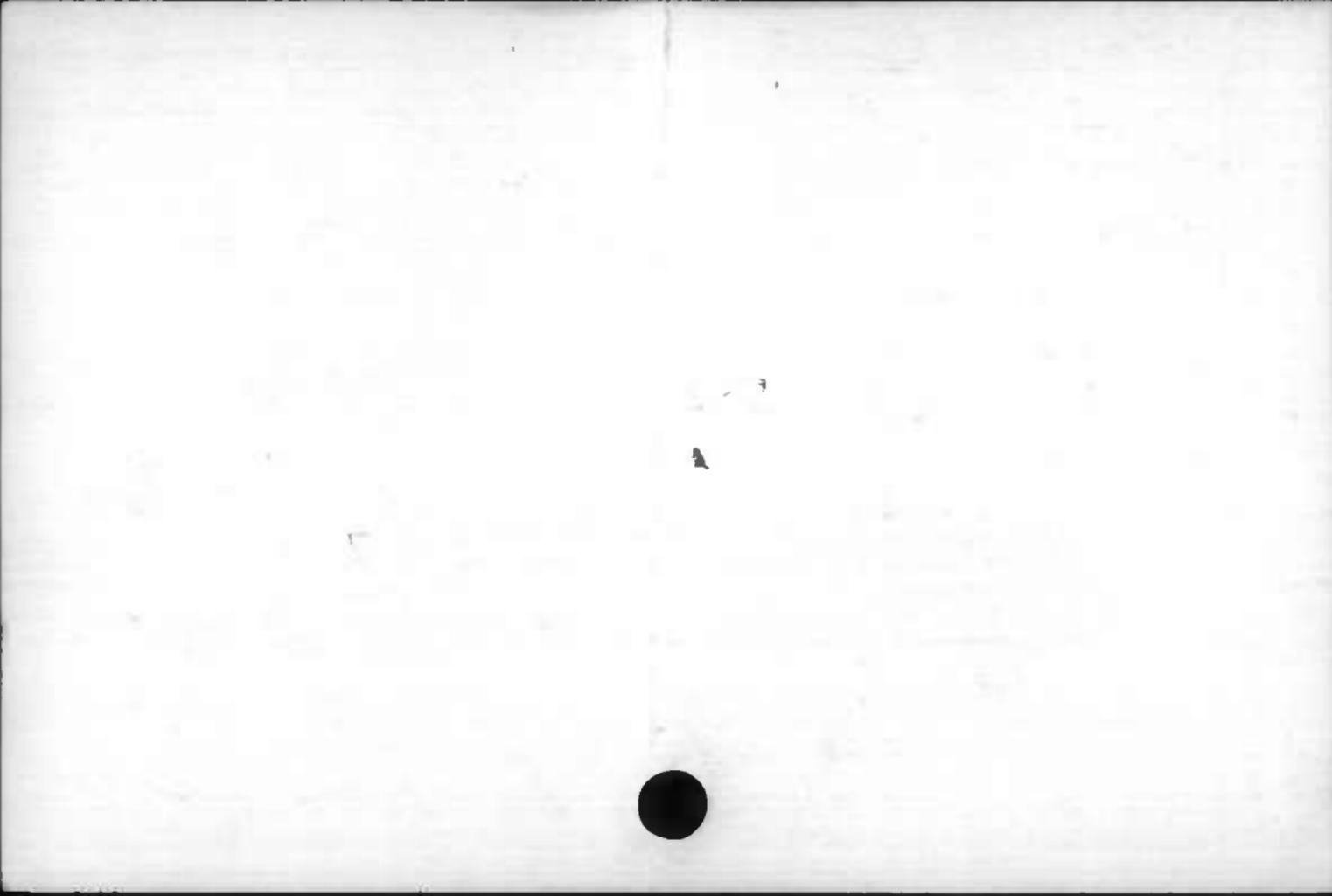
Address

F. G. Brooks

Federalburg
Caroline Co. Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

William Newton Teak -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Ridgely	Caroline	
Date of death	Month	Day	Year
1909	Mar	3	Age
Sex	Color or Race	Birth-place	
Male	White	Ridgely	
Occupation	Where Residing if not et place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		
151			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Maintain

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

No -

How long

4 days
I W. Teak M.D.
Ridgely Md.



Name
in
Full

Belle J Willey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	5 17.
Occupation	Where Residing if not et place of death		
Married, Single or Widowed	Name of Wife or Husband	Hobbs Md	
Father's Name	William Willey		
Mother's Maiden Name	Maryland		
Name of person giving Information	Husband		

Housewife

Marie

Edward B Malone

Lealia Malone

William Willey

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Disease

79

How long

Several yrs

Immediate

Heart Disease

How long

Several minutes

Are the name, age, sex, color, date and place correctly given above?

Y

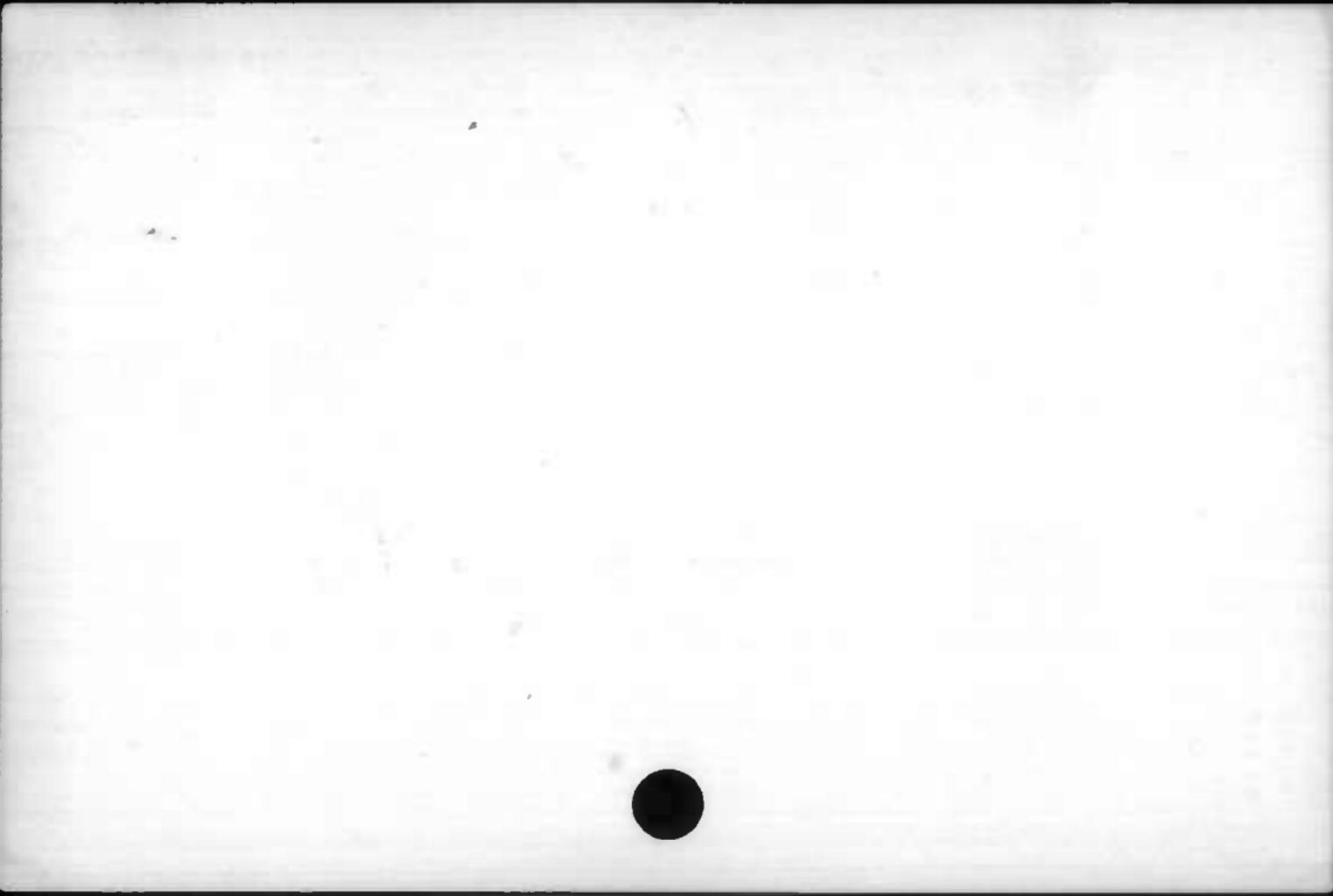
Signature of Physician

Address

Enoch George 2nd
Cox Lee Co
Maryland

Accident or Suicide

-



Name
in
Full

Sarah Martha Willoughby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	near Bethlehem	County	MARYLAND
Date of death	1909	Month	Days
Sex	Female	Day	
Occupation	Houswife	Age	Years
Married, Single or Widowed	married	Color or Race	Months
Father's Name	Sylvester Andrew	Where Residing if not et place of death	Birth-place
Mother's Maiden Name	Ebene White	William R. Willoughby	Caroline Co Md
Name of person giving information	Jacob Reese	Father's Birthplace	Caroline Co Md
		Mother's Birthplace	Caroline Co Md
		How related to deceased	none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Laryngeal
Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

* Address

(10)

How long

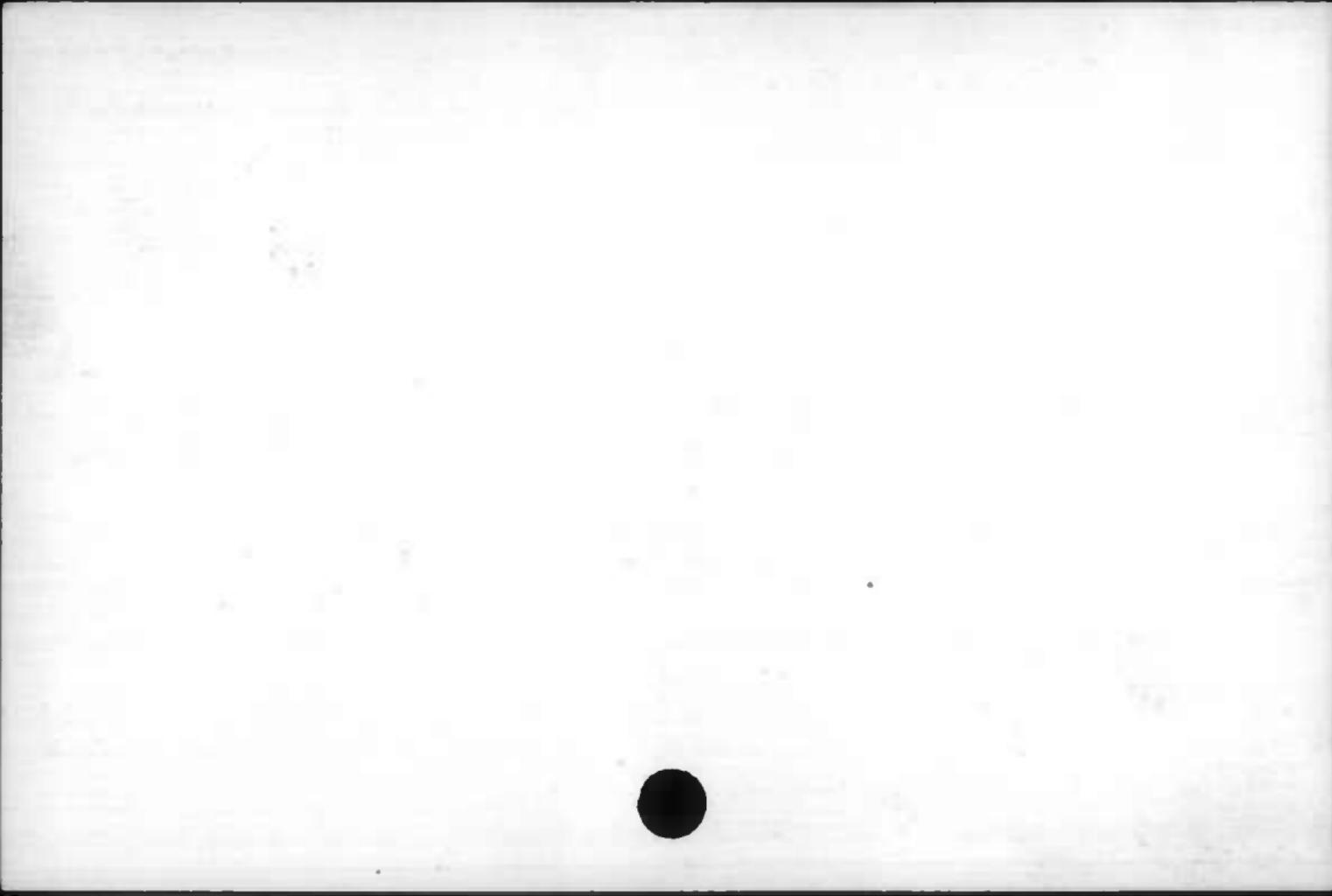
How long

one week

12 days

Jacob Reese
Boston Md

Accident or Suicide



Name
in
Full

Laura S. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Federalsburg	Caroline		1	22	
Date of death	Month	Day	Years	Months	Days
1909	March	8	29		
Sex	Female	Color or Race	Black		
Occupation	Housework				
Where Residing if not at place of death	John Wilson				
Married, Single or Widowed	Married	Name of Wife or Husband	James G. Scott		
Father's Name	James G. Scott				
Mother's Maiden Name	Eliza Parker				
Name of person giving Information	Oliva Scott				
Father's Birthplace	Caroline Co.				
Mother's Birthplace	Carroll Co., Maryland				
How related to deceased	Mother.				

CAUSES OF DEATH

27

Primary

Phthisis Pulmonalis,

How long

1 Year.

Immediate

Heart Failure

How long

One month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. S. Brooks.

Address

Federalsburg
Caroline Co., Md.

Accident or Suicide

